



Don Sachey Clinic



To benefit the Lakeville Pony Club

Riga Meadow Equestrian Center, Salisbury CT

Saturday and Sunday, April 12 & 13 2008

•USEA Level IV Certified Instructor• Trained at USET, 1972-1974 with Coach Jack LeGoff • 1974 Burghley England 3-Day Event World Championships Won Team Gold • Morven Park International Equestrian Institute Certified Instructor • USPC "A" Prep Clinician • USPC National Rally Judge • National Coach Japanese Equestrian Federation 3-Day Event team since 1985 • Served as USET Selection Committee Member • USEF Course Designer • USEA Instructors Certification Committee • Impeccable Safety Record for students for over 40 Years

Registration

Name _____ Birth Date _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____ Cell _____
 Horse _____ Breed/Age/Sex _____ / _____ / _____

Level now riding: Beginner Novice Novice Training Preliminary Intermediate Advanced

Riding Background _____

Session(s) **Saturday** - dressage/cavaletti **Sunday** - gymnastic jumping/stadium

Number of additional tickets for lunch requested # _____

The fee for the clinic with Don Sachey is \$ 230 for both days, \$130 for one. Riders participating both days will be given first choice to fill his schedule. Please use a separate form for each horse and include a copy of your current coggins with entry. The fee for both days include lunch, your host LPC, Chairwoman Lauren Simons. Additional tickets for lunch with Don Sachey available for \$20 each. A donation of \$15/day or \$25/for both days is appreciated for auditors.

General Release

I agree to hold all property owners of **Riga Meadow Equestrian Center**, any of the officers, officials and/or volunteers of Lakeville Pony Club and any and all employees of the above listed facilities free from any claim of whatever nature that may be occasioned by the horses exhibited by me, and to repay property owners on demand for all damages that they may sustain by any reason of any claim or demand occasioned as aforesaid. I further agree to wear an appropriate protective helmet at all times when riding in this eventing clinic with **Don Sachey**.

Rider's Signature _____

Parent/Guardian Signature (if rider is a minor) _____

Owner (if different) _____

Emergency Contact Name & Phone _____

Medical Release

Adult Rider: If emergency medical care is required for myself, and if I or an accompanying spouse or relative, am not able to convey permission in a timely manner, then the undersigned authorizes appropriate medical care as deemed necessary by emergency medical personnel, a physician, or the medical facility providing treatment. I have read this entire release and agree to it.

Signature / Date _____

Minor Rider: If emergency medical care is required for (child's name) _____ and if permission is not available in a timely manner, then the undersigned authorizes appropriate medical care as deemed necessary by emergency medical personnel, a physician, or the medical facility providing treatment. I have read this entire release and agree to it.

Signature of Parent/Guardian and Date _____

Payment in full with completed registration is due by April 7th, 2008. There is a non-refundable office fee of \$50 if you need to cancel your clinic. A \$25 late fee/donation will be applied to all non-complete registrations received after 5pm on April 7th, 2008.

For more information: E-mail or call Theresa Lehn at 860-435-1475. Register via e-mail, mail, or fax: Theresa Lehn, 21 Lakeview Avenue, Lakeville CT 06039; fax: 860-435-1478; sullimom@ntplx.net. If you register via e-mail or fax, please mail your check as soon as possible. Also visit www.lakevilleponyclub.org for updates on clinic, upcoming events and registration information and www.rigameadow.com for horse trial information.

Make checks payable to Lakeville Pony Club

Mail Check, Form, and Current Coggins to: Theresa Lehn 21 Lakeview Avenue Lakeville CT 06039