PATH Intl. Member Center

Working Equitation
CLINIC REGISTRATION FORM

151 Oak Glen Road, Howell, New Jersey 07731
www.bellsrosastables.com

Date: Sunday, July 26, 2026
Format: Group 3-4 Riders* 1.5 hours; If 4 riders, 2 hours
Price $120.00 per rider
***Please contact us if requesting an individual session (45 minutes)**
Auditors welcome $25.00

One Horse per Registration Form Please write clearly!

Rider: _____ **Cell Phone** _____

Address: _____

Email: _____ **Trainer:** _____

Riding Level: _____

Horse's Name	Breed	Color	Gender	Age

If riding more than one horse, please state name of horse
_____

If already a group – please list others:

****OUTSIDE PARTICIPANTS**
ATTACH COMPLETE DOCUMENTS

____WAIVER/HOLD HARMLESS

____Negative Coggins

____ Flu/Rhino vaccination within last 6 months

Registration ONLY ACCEPTED
IF COMPLETE with FULL PAYMENT
AND DOCUMENTS (Above)

FEES ENCLOSED:

Entry	**$120.00**
Auditor only	**$ 25.00**
Office Fee	**$ 10.00**
Horse Use If applicable	**$ 60.00**

TOTAL ENCLOSED $ _____
Make Check payable to Bella Rosa Stables