



O'Connor Equestrian Winter Camp Ocala, Florida: Registration Form

Rider's Information		
Name:	Age:	
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	
Email Address:	Cell Phone:	
Emergency Contact:	Emergency Contact Phone:	

Horse's Information			
Horse's Name:		Horse's Name on Coggins: (attach copy of Coggins)	
Please check one:	<input type="checkbox"/> Mare	<input type="checkbox"/> Gelding	Horse's Age:
			Horse's Breed:

Session Information			
Session I:	Participation: check one	Fees:	Total:
December 30, 2007 – January 4, 2008: Overlook Farm South, Ocala, Florida	Riding	Riding: \$2,100.00 (includes stabling, 2 dinners, daily lunch)	Indicate Amount Enclosed:
	Auditing (number of days ____)	Auditing: (per day) \$80 (entire session) \$350 (includes lunch)	
Note: Camp begins at 5:00 pm on Sunday and will finish at 12:00 pm on Friday each week. Campers should plan to arrive no earlier than 1:00 pm on Sunday and should depart by 2:00 pm on Friday.			Make checks payable to: O'Connor Equestrian, Inc

Experience	
Please describe rider's level of experience:	Highest level competed (rider):
Please describe horse's level of experience:	Highest level competed (horse):
Additional information for rider or horse (problem areas, quirks, goals, and other info you would like us to know):	
Please check below the level that you are most competent at with THIS horse:	
<input type="checkbox"/> BN Beginner Novice	<input type="checkbox"/> N Novice
<input type="checkbox"/> T Training	<input type="checkbox"/> P Preliminary
<input type="checkbox"/> I Intermediate	

Release	
I understand that riding horses is a high-risk sport and I am participating at my own risk. I hereby assume this risk and further do hereby release and hold harmless the organizer, instructors, agents, volunteers and hosts of the O'Connor Equestrian Camp and the owners of any property on which the O'Connor Equestrian Camp is to be held, from all liability for negligence resulting in accidents, damage, injury or illness to myself or my property, including the horse I am riding at the O'Connor Equestrian Camp.	
Name (Please print):	Date:
Signature:	
Print name of witness:	Signature of witness:
Guardian's name (if rider is under the age of 18):	Signature of guardian:

**Please return completed form, copy of horse's current coggins and your check to:
O'Connor Equestrian, Inc. , Attn: Ocala Camp, P.O. Box D, The Plains, VA 20198**