

# MDA Dressage Boot Camp Application Form

**April 22 & 23, 2017**

Rider Application – Page One of Two

Please complete one application for each person attending.



Rider's Name: \_\_\_\_\_

MDA # \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Rider's Status (check one):

\_\_\_\_ Junior/Young Rider & \_\_\_\_ Age

\_\_\_\_ Adult Amateur

\_\_\_\_ Professional

Horse's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Horse Owner's Name: \_\_\_\_\_

Briefly, what are rider's goals/objectives for this clinic? What is the rider's current riding level? Does the rider participate in schooling or recognized shows?

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Rider Application – Page Two of Two

Participant Status	Payment Method (4% service charge for credit cards)	Amount per Person
Member	Cash/ Check	\$100.00 per person
Member	Credit Card Payment	\$104.00 per person
*Non Member (includes MDA membership)	Cash/ Check	\$155.00 per person
*Non Member (includes MDA membership)	Credit Card Payment	\$161.00 per person

*\*Non-members must complete an MDA membership form. Please complete it and reference the Boot Camp. Send the membership form to Nancy Bryant and the Boot Camp form to Debbie Hannaford per the instructions on each form. Thank You!*

Amount Enclosed: \$ \_\_\_\_\_

Payment Method (Circle One)                      Check                      Credit Card

Name on Card: \_\_\_\_\_

Credit Card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_

City ST Zip \_\_\_\_\_

*Please note that helmets must be worn while mounted and liability release forms must be signed upon your arrival at Rattlewood Farm.*

Please mail this completed form and your check made payable to “Midwest Dressage Association” to: Debbie Hannaford 15645 Lakeside Village Drive # 304 Clinton Twp., MI 48038

For more information please contact Debbie Hannaford at 585.291.6920

[debbietimko@yahoo.com](mailto:debbietimko@yahoo.com)

**MUST BE RECEIVED BY April 1, 2017**