

Rider Name	Email	Negative Coggins Confirmed	A&G Form Filled	Indicate A&G amt paid	Waiver signed	Camping Fees paid (if applic)	Overnight Board Fee Paid (if applic)	Clinic fee Paid
Required	Required	Verified?	Verified?	Yes/No	pls attach or "on file"	pls confirm w/camper	Pls conf w/ border	?

TOTAL AMOUNT PAID TO ARENA FOR CLINIC: \$_____

PLEASE INDICATE IF RECEIPT REQUIRED AND IN WHOSE NAME (IF RIDER NAMES, JUST INDICATE "RIDER NAMES ABOVE):

We will do our best to harrow the arena before your clinic begins in the morning. Please confirm the times of your clinic as you organize your riders. Email confirmation to ridingarena.yk@gmail.com If it ends earlier than the time allowed. We like to give other riders advance notice that they can use the arena or we might use this time for harrowing for the next day. If we can make your learning and teaching experience with us better, please tell us how!

All payments should be made out to North Ridge Community Association and can be deposited in the mailbox at the Barn. Questions can be directed to ridingarena.yk@gmail.com or speak to Inge or Greg. Thank you!