

TRAINING SESSION WITH REINING TRAINER

GRAHAM COOPER (NSW)



FRIDAY 24TH FEBRUARY, 2012
Werribee Park National Equestrian Centre



COMMENCING AT 4:00PM



A great opportunity for all levels of riders & horses to attend a one on one training session with professional reining trainer and clinician Graham Cooper. Graham has had many successes in the training and competing of reining horses Nationally from Futurity to Open events including the prestigious VRHA State Championship Show Open Futurity of 2010 & 2011.

1 ½ HOUR SESSIONS - \$60 PER RIDER

2 RIDERS PER SESSION

Temporary Day Membership for non VRHA Member - \$20

One form per rider

Name: _____ VRHA Member: Yes / No VRHA Member # _____

Contact Ph No: _____ Email: _____

Training Session fee per rider = \$ 60.00

VRHA Temporary Membership per rider *(if applicable)* = \$ 20.00

Total = \$ _____



Mail payment & form to:

VRHA
Att: SANDY DODS
85 Blakeville Rd. Ballan, Vic, 3342



Direct Bank Deposit:

Victorian Reining Horse Association
Commonwealth Bank
BSB: 063 547 Account: 0090 1498
Reference: Name + FebLesson
Email, fax or post form & payment confirmation
Email: vrhashowentry@hotmail.com
Fax: (03) 5368 2561



The attached Indemnity And Consent form must be completed and signed.
No refund will be considered unless a replacement rider is available.

Enquiries contact Paul Barratt 0418 534 544

INDEMNITY AND CONSENT

I agree to participate entirely and absolutely at my own risk and I indemnify and agree to keep indemnified the trustees/owners of the venue, officials, sponsors, voluntary workers, members and committee of the Victorian Reining Horse Association Incorporated with whom the function is affiliated with respect to any injury, damage, loss claim, liability, suit or action and accept that entry into nominated class/s as stated is final.

I am/am not (delete whichever is not applicable) over the age of 18 years of age. I/we accept the abovementioned conditions.

Dated this _____ day of _____ 20 _____

Signature of Owner/Agent/Competitor _____

Name (block letters) _____

Address _____

_____ P/Code _____ Phone _____

YOUTH CONSENT

I nominate (name) _____ as the exhibitor, being under the age of 18 years, I DO/DO NOT give permission for this exhibitor to ride without a hard helmet. As the exhibitor being under the age of 18 years the signature of the Parent/Guardian endorsed herein shall be deemed consent for the youth to participate.

Signature of Parent/Guardian _____

Name (block letters) _____

Dated this _____ day of _____ 20 _____

