

CARSON JAMES BENEFIT CLINIC
for Marion Therapeutic Riding Association – MTRA

Saturday, March 10, 2018
Marion Therapeutic Riding Assn.
6850 SE 41st Ct.
Ocala, FL 34480

Rider's Name: _____

Address: _____

City/State/Zip: _____

Telephone: (____) _____

E-mail: _____

Entry fee: \$250 (Note: No refunds after February 12, unless space can be filled.)
Clinic and auditor fees include a continental breakfast and afternoon snack.

\$125 due January 5, 20017 _____

\$125 due February 12, 2018 _____

Stall: \$30 (includes shavings) _____
Limited availability

Auditors: \$30 _____

Lunch: \$ 6 _____
(Pulled pork Bar-B-Q, salads, cookie and drink)

Total enclosed: _____

Make checks payable to: **Marion Therapeutic Riding Association or MTRA**
Entry form, payment and release forms should be mailed to:

Karen Holgate
1749 SE 59th St.
Ocala, FL 34480

CURRENT NEGATIVE COGGINS REQUIRED

