JULIE WOLFERT CLINIC

Presented by CDCTA, held at Amulette Equestrian Center
July 25-26, 2026

REGISTRATION FORM

Rider Name: _____

Email: _____ Phone: _____

Current CDCTA Member? ☐ yes ☐ no
Not a member yet? Join online here: https://www.cdcta.org/join-cdcta.html

Rider Experience: _____

Horse Name: _____

Horse Experience: _____

Saturday (stadium):

☐ Green as Grass (12-18")
☐ Starter (2'3")
☐ Beginner Novice (2'6")

Sunday (cross country, weather permitting):

☐ Green as Grass (12-18")
☐ Starter (2'3")
☐ Beginner Novice (2'6")

Saturday (stadium):

☐ Novice (2'9")
☐ Training/Prelim (3' – 3'3")

Sunday (stadium):

☐ Novice (2'9")
☐ Training/Prelim (3' – 3'3")

Ride Fees: $120 for CDCTA members; $150 for non-member per ride.
Auditing: Free for CDCTA Members; $10 non-members (can pay at event); free for Amulette Boarders.

PAYMENT OPTIONS:

1) ☐ Check enclosed **payable to CDCTA** in amount of $_____; or

2) ☐ Online payment sent in amount of $_____ to the link or QR code.

https://www.paypal.com/ncp/payment/6B3D9U78VE3BS
(accepts cards, PayPal, Venmo, or Apple Pay)

CDCTA Clinic Fees

RETURN REGISTRATION FORM ALONG WITH NEGATIVE COGGINS (TEST DATED WITHIN ONE YEAR) AND CURRENT PROOF OF RHINO/FLU VACCINATION TO:

1) EMAIL: Anne Borgmeyer – anborgme@gmail.com

2) MAIL: Anne Borgmeyer, 1655 County Road 342, Fulton, MO 65251

On-site stabling not available for this event. Potential to arrange nearby stabling for out of town participants. Please inquire with Lauren at Lbegley88@gmail.com or (573) 355-1978 for additional information.

Facility Address: Amulette Equestrian Center – 2801 S Olivet Rd, Columbia, MO 65201

LIABILITY RELEASE

I hereby enter this Julie Wolfert clinic accepting full responsibility for any injuiries or loss that may result from my participation in this horse riding activity. I recognize that horse sports involve inherent dangerous risk or serious injury or death and by participating I expressly assume any and all risks of injury or loss. I agree not to hold the clinician, Julie Wolfert, Amulette Equestrian Center, CDCTA, or any of their employees or agents responsible for any injury or loss suffered during or in connection with this clinic.

Rider Signature (parent/guardian if under 18):_____

If completed digitally, I acknowledge that I have read and agree to this release and that my typed name constitutes my electronic signature.

Print Name:_____

Date: _____

Questions about the facility or scheduling: Lauren Fritz – Lbegley88@gmail.com or (573) 355-1978

Questions about registration or payment: Anne Borgmeyer – Anborgme@gmail.com or (573) 230-1066

CDCTA

Columbia Dressage & Combined Training Association