Jamie Lawrence-Slocum Dressage Clinic: October 10-11, 2026

COLUMBIA DCTA
DRESSAGE & COMBINED TRAINING ASSOCIATION

Rider or Auditor Name:_____

Address:_____ City:_____ State:_____ Zip code:_____

Phone:_____ Emergency Phone:_____ Email:_____

Horse's Name:_____ Breed:_____ Color:_____ Age:____ Sex:____ Current level:_____ Competing: ☐Yes ☐ No

Rider's Guest (no charge):_____ Phone:_____ Guest Email:_____

45-minute private lessons: $125 for CDCTA members/$145 for non-members
Auditor Fee: $10 per day (add more to the bottom if needed or send email)

Lessons / Audit x	$
Stabling x ____	$
Total	$

Stabling Options: $20 per day (FIVE 12x12 stalls / TWO 15x15 covered pens/) Preference given to riders spending night from out of area. FCFS.
*Stalls have rubber mats and medium shavings. Will rotate cross-ties + stalls through the day as needed to assist others (can split fee).
Also have paddock/shed available. Stalls can be available Friday if desired, but be ready to help with facility preparations 😉

Payment Options: Make checks payable to Dapplewood Farms / VenMo@SummitVet / PayPal Friends/Family: summitvet08@yahoo.com
Refunds given less a $25 cancellation within 10 days of event; we appreciate you trying to fill your spot for us.

RSVP: ☐ YES ☐ NO: Saturday Night (self-paid) @ local Mexican Restaurant. Coffee, tea, hot cocoa, water and light snacks in indoor.
Light lunch, sandwich/soup in the vet clinic break room for paid riders/guest & paid auditors, may bring dessert/side dish to share.

Contact Information: Stacey Bates 197 Hickory Ln. Holts Summit, MO 65043 Cell 573-694-2648 (before 8pm) summitvet08@yahoo.com

All participants, including auditors, must sign the following Release & Agreement
WARNING: Under the Equine Activity Liability Act, each participant who engages in an Equine Activity expressly assumes the risks of engaging in and legal responsibility for injury, loss or damage to person or property resulting from the risk of Equine Activity. I understand that this is a high-risk sport and I am participating at my own risk. I hereby release and hold harmless the CDCTA, Dapplewood Farm and Summit Veterinary Services, its owners and employees, attendants, spectators, the clinician and all others involved from all liability for accidents, damage, injury, or illness sustained or caused as a result of participating in this clinic.
As a participant in an CDCTA insured event, I agree to wear an ASTM approved helmet while mounted.

Participant Signature _____ Date _____
(Parent/Guardian if under 18)

Guest or Auditor's Signature _____ Date _____
(Guests and auditors must sign and owner of horse if different than the rider)