

SCHOOLING SHOW/CLINIC

Immediately following the conclusion of the 2008 Utah Grand Stallion Preview, Flying N Fox Trotters and UFTHA are sponsoring a schooling show/clinic. The format is as follows: the show/clinic will consist of three versatility classes. You may enter all three (3) of these classes. Each class will be run/judged/placed as if it were a real show class. At the conclusion of each class, the clinician will explain to participants and spectators why the horses were placed as they were. Each horse will be worked briefly on the rail and the clinician will offer comments/suggestions for improvement. Questions and answers will be taken from the spectators and participants. This clinic is designed to help you learn how to show your horse; to help you understand judging criteria; and to help you improve your horse's versatility performance. Specific attention will be directed to horsemanship skills and training techniques.

To enter, please complete the following form. Entries will be accepted until March 7, 2008, so you are encouraged to sign up early if you are bringing a horse. Entries for horse and rider are limited and will be chosen on a first-come, first-served basis.

Rider Name _____ Horse Name _____

Classes: circle class(es) you wish to enter:

1. Showmanship 2. Western Pleasure 3. Horsemanship/Reining

Participant Entry Fees: \$10 per class x # of classes _____ = \$ _____

Spectators: \$5.00

It shall be a condition of entry that my signature on this form indicates that I, for myself, heirs, executors and administrators, assign, waive, release and discharge any and all rights and claims or damages against the Utah Foxtrotting Horse Association and Flying N Fox Trotters, and any or all participating sponsors, supporters, Officers, directors, members and agents of such parties in any way connected with this event for any loss due to theft, accident, fire, death, injury or otherwise to me, my horse, property or agents. I attest and verify that I have full knowledge of the risks involved in this activity, and that I assume those risks.

Signature of

Owner(s) _____ Signature

of Exhibitor _____

Signature of Parent/Guardian of each Juvenile Exhibitor: _____ Date _____

NOTE: If for unforeseeable reason clinician has to cancel fees will be refunded.