



Obstacle Schooling Day Form

Rider Name: _____ Horse Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Emergency Contact: _____ Number: _____

*****Approved headgear, medical armband, and vest are required for obstacle schooling. All riders who are obstacle schooling must also be accompanied by a grounds person at all times*****

Grounds Person Name: _____

Obstacle Schooling

_____ \$40 Friend of the Park

_____ \$100 Non-Friend of the Park

Office Use Only

Coggins _____ Release _____ Bridle # _____

Method of Payment

Total Due: _____

Checks payable to *Carolina Horse Park Foundation*

Credit Card Number: _____ Exp: _____ V-Code: _____

Name on Card: _____ Signature: _____

Address associated with Card: _____

City: _____ State: _____ Zip Code: _____