



# Cross Country Schooling Day Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Number: \_\_\_\_\_

Horse: \_\_\_\_\_

Grounds Person Name: \_\_\_\_\_

**\*\*\*All riders must be accompanied by grounds person. Grounds person must be with mounted rider at all times and cannot be riding themselves.\*\*\***

## XC Schooling

\_\_\_\_\_ \$40 open access Friend of the Park

\_\_\_\_\_ \$100 open access non-Friend of the Park

\_\_\_\_\_ \$25 Pony Club / 4H Member

**And** Friend of the Park  
*(must show proof of current membership)*

\_\_\_\_\_ \$75 Pony Club / 4H Member

non-Friend of the Park  
*(must show proof of current membership)*

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**Office Use Only** # of Rounds: \_\_\_\_\_ 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: \_\_\_\_\_