Saturday April 2nd 12:00pm – 2:00pm; Marlene will be demonstrating the perfect barrel pattern. She will show the perfect pocket size, approach to a barrel and how to get the perfect start.

Saturday April 2nd 4:00pm – 6:00pm; Marlene will be talk about how to make a game plan each week for perfect practice for horse and rider. She will demonstrate different drills to be used to prevent boredom and enhance performance.

Sunday April 3rd 10:00am – 12:00pm; Marlene will talk about your horses health through excise and feeding, for optimal performance. She will demonstrate horsemanship exercises to enhance your horses understanding of what you are asking of them at high rates of speed.

Sunday April 3rd 1:00pm – 3:00pm; Marlene will explain the importance of perfect posture and balance while riding your horse. She will show how proper weight distribution can effect your horses turns and straight lines. All sessions will end with questions and answers.

Instructions:

• No reservations accepted without prepayment. Clinics are $100.00/Session. (All 4 clinics $350.00)

• No phone reservations; accepted only by mail, email or fax. Checks payable to Commonwealth Fairs & Events, Inc.. No refunds will be issued by Commonwealth Fairs & Events, Inc.

• Forms without payment will not be accepted. $50 charge for NSF checks.

• Limited number of spaces available and will be assigned based on date that we receive completed forms and payment. (Only 5 spots in each clinic)

• All participants must sign a participation agreement with Virginia Horse Festival
Clinic Choice: (Each clinic is limited to 5 participants, we will try to accommodate your request)

Saturday April 2nd 12:00pm – 2:00pm ______
Saturday April 2nd 4:00pm – 6:00pm ______
Sunday April 3rd 10:00am – 12:00pm ______
Sunday April 3rd 1:00pm – 3:00pm ______

# of Sessions _____ X $100.00 ($50.00 discount for all 4 sessions) = Total: _____________

Person to contact in case of emergency:

If payment is by Credit Card, complete the following below: MC VISA DISCOVER
Account # ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ ___ ___ ___
Verification Code: ________ ___ ___ ___ Expiration: ___ ____
Name as it appears on card: ____________________________ Billing Zip

Check # ____________ Amount:

__________________________Signature:__________________________

Office Use Only: Amount Received ____________