



Persimmon Tree Farm

1030 Bloom Road
Westminster, MD 21157-8006

George Morris Clinic (Fall)

Friday, Saturday and Sunday, October 10, 11 and 12, 2014

Registration (front) and Liability Release (back or attached)

(Please Print in Full)

NAME: _____

ADDRESS: _____

PHONE (S): _____

E-MAIL ADDRESS: _____

RIDERS: \$650 for 3 days

Less than 3 day participation may only be allowed under extraordinary circumstances.

Each day includes a full day audit for the rider and **ONE** other person at no additional cost

9AM-11AM: 2 ft. 6 In. 11AM-1PM: 3 ft. 2PM-4PM: 3 ft. 6 in. and up

DAY 1: 9AM _____ 11AM _____ 2PM _____

DAY 2: 9AM _____ 11AM _____ 2PM _____

DAY 3: 9AM _____ 11AM _____ 2PM _____

AUDITORS: \$80 per person per day

DAY 1 _____ DAY 2 _____ DAY 3 _____

Total Amount Due = \$ _____

Please make checks payable to: Persimmon Tree Farm (PTF)

LIABILITY RELEASE(S) MUST BE COMPLETED IN FULL