



Persimmon Tree Farm

1030 Bloom Road
Westminster, MD 21157-8006

George Morris Clinic (Fall 2015)

Friday, Saturday and Sunday, September 18, 19 and 20, 2015

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

(Please Print in Full)

NAME: _____

ADDRESS: _____

PHONE (S): _____

E-MAIL ADDRESS: _____

RIDERS: \$800 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

_____ **Group #1: 9 AM - 11 AM 2 ft. 6 in.**

_____ **Group #2: 11 AM – 1 PM 3 ft.**

_____ **Group #3: 2 PM – 4 PM 3 ft. 6 in. and up**

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