

LYNN MCKENZIE BARREL RACING CLINIC

Date: Feb. 22 & 23, 2025

Place*:* Palatka Horseman’s Club, Palatka, FL

Cost: $500.00

Entry form due: February 15, 2025

Send entry and a $250.00 deposit to: Palatka Horseman’s Club

(This is a non-refundable deposit) 181 Horseman’s Club Rd.

Palatka, FL 32177

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of horses \_\_\_\_\_\_ Number of stalls needed \_\_\_\_\_\_ Cost each: $

If under 18: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to attend the

Lynn McKenzie Clinic. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(SIGNED)

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send entries and deposits to the above address.

Every effort will be made to ensure the safety of each student and their horse(s). I hereby release Lynn & Murray McKenzie, the Lynn McKenzie Clinic, and/or any of the sponsors, helpers, or facility owners from liability in case of accident or injury.

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NOTARY PUBLIC SIGNATURE (PARENT IF MINOR)

Please have the entry form notarized before returning.