

**Cedar Rowe Lusitanos**  
Presents a Clinic with  
**Isabelle von Neumann-Cosel**

September 8 - 10, 2006  
9:00 a.m. – 4:00 p.m.

**Fees:** Private 45-minute session – \$95.00; \$225.00 for all 3 days (Lunch included)  
Auditor – \$35.00 per day; \$75.00 for all 3 days (Lunch included)  
Stall Accommodation (Limited) – \$15.00  
Use of School Horses– \$10.00 per session

**Entries:** Opening date – June 1, 2006  
Closing date – August 26, 2006

Complete and sign entry form provided below. Include a copy of current (i.e., within past 12 months) negative Coggins Report. Make checks payable to Cedar Rowe Lusitanos. Only complete entries will be accepted. Mail entry and check to:

Linda J. Denniston  
14526 Bollinger Road  
Rocky Ridge, MD 21778-9415

**Directions:** From Frederick, Maryland, take route 15 North to route 76. Follow route 76 toward Rocky Ridge. Turn left onto Bollinger Road. Cedar Rowe is first farm on left.

**Cancellation Policy:** Full refunds will be given prior to the closing date. Refunds after the closing will require a certificate from a veterinarian or physician, as appropriate, and will be granted only if the slot can be filled from a waiting list.

**For Additional Information:** Contact Linda Denniston at 301-447-6240, e-mail CRQHF@aol.com, or go to [www.CedarRowe.com](http://www.CedarRowe.com).

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**Entry/Auditor Application Form**

Name: \_\_\_\_\_ Circle: Fri. Sat. Sun., All  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Horse's Name: \_\_\_\_\_ Level: \_\_\_\_\_

I enclose herewith a total of \$\_\_\_\_\_ as an entry/auditor (circle one) for the Cedar Rowe Lusitanos' Clinic with Isabelle von Neumann-Cosel. I acknowledge and understand that my participation as an entrant or auditor is done so at my own risk and that I will abide by the rules and conditions of Cedar Rowe Lusitanos. I understand that riding is a high risk sport and I hereby release and hold harmless Cedar Rowe Lusitanos and Isabelle von Neumann-Cosel from any and all accidents, damages, injury, loss, or illness to horses, owners, riders, attendants, auditors or any other person or property loss suffered during or in connection with this clinic. Bring your own chair.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Note: Parent or guardian must sign if entrant or auditor is under 18 years of age.)