

**Cedar Rowe Lusitanos**  
Present a Clinic with  
**Isabelle von Neumann-Cosel**  
**October 10, 11, & 12, 2008**  
9:00 a.m. – 4:00 p.m.

**Auditing---** \$15 per half day or \$30 per day (including lunch)

**Clinic Fees---** \$130 per session (your horse); \$255 for two days (your horse) lunch included  
\$25 use of school horse per session (an additional fee)  
\$325 for three days (your horse), lunch included  
\$25 per day for stall

**Entries Close for participants: on Oct. 4, 2008**

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. B.Y.O. chair. Mail entry and check to:

Cedar Rowe Lusitanos  
14526 Bollinger Road  
Rocky Ridge, MD 21778-9415  
(301) 447-6240 FAX: (301) 447-6296

**Directions:** Please MapQuest your directions.

**Cancellation Policy:** Full refunds will be given prior to the closing date. Refunds after the closing will require a note from your physician or veterinarian, and will be granted 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). **(Call or e-mail for Ride times; 4 days before the clinic)**

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**Rider/Auditor Registration Form; for Isabelle von Neumann-Cosel Clinic**

Name: \_\_\_\_\_ Circle: Fri. Sat. Sun., All 3 days

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ e-mail: \_\_\_\_\_

Your Riding Experience: \_\_\_\_\_

I enclose herewith a total of \$ \_\_\_\_\_ as a rider/auditor (circle one) for Cedar Rowe Lusitano's 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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