ROBERT HARRISSON SCHMERGLATT CLINIC

Friday 31st July / Saturday 1st August 2026

Blayney Indoor Arena at Showgrounds

Please fill in table below for your time slots giving 3 preferences for times. If you cannot attend it is up to you to find a replacement, check to see if there is a waiting list with organiser. There will be No REFUND unless replacement is found.

ALL PARTICIPANTS MUST BE A FINANCIAL E.A. MEMBER OR A CLUB MEMBER

Time slots will be given once payment has been direct debited into the CWDG account.

Account number: 10640774, ***Account Name:*** Central Western Dressage Group, ***BSB:*** 062 504.

Reference "RHS Clinic [Your name]", send copy of payment (Enter transaction receipt no. here) with this form and return to: **lows3356@gmail.com** | **Mobile 0427806774** (Susan Low clinic coordinator) & enquiries.

Lessons are: **CWDG Members $190** | **Non-members $200.** (includes lesson, ground fee and accommodation share cost).

Please provide 3 preferences for time labelling 1,2,3. More than one horse use 2 forms.

Time	**Preference Number**	**FRIDAY 31 July Riders Name**	**SATURDAY 1 August Riders Name**	**Set up** *THU 2pm*	**Pull down** *SAT 4.45pm*
8.30					
9.15					
10.00					
10.45	Morning Tea				
11.00					
11.45					
12.30					
1.15	LUNCH				
1.45					
2.30					
3.15					
4.00					
Example	*1*		*Giddy up, Gail Smith*	*Can help*	

Member of CWDG ☐ **YES** ☐ **NO**, EA member ☐ **YES** ☐ **NO** (Must be financial Member of either at time of clinic)
Members have first preference before closing date 24 July.

On occasions our committee like to snap photos & videos of our members and riders.
Do you consent to the club using your photo/video on Social Media? ☐ **YES** ☐ **NO**

There are 10 cattle yards and 10 pony club yards. First in best dressed. PLEASE LEAVE THEM CLEAN.

Draw will be sent out by email. It is expected that you can help with set up on Thursday or pull down on Saturday - please indicate on form which you can do. Set up will be at 2pm Thursday afternoon and Saturday at 4.45pm.

Name _____ Mobile _____ Email _____

Address _____

Emergency Name _____ Emergency Mobile _____

Notes eg *I can only do afternoon due to work commitments.*

Return to: **lows3356@gmail.com** | **Mobile 0427806774 (Susan Low clinic coordinator) & enquiries**