Marion Wright Clinic

Sat./Sun, Sept 26/27, 2026

☐ DRESSAGE ☐ WORKING EQUITATION

Rider Name: _____

Experience: _____

Discipline: _____

Level of competition: _____

Horse Info:

Name / Age / Breed: _____

Level of Training: _____

Discipline: _____

Goals: _____

Expectations of Clinic: _____

Overnight Stay: ☐

Please complete and return with horse's coggins to NCEquestrianCenter@gmail.com by Friday, Sept 25, 2026