



# Equestrians Institute Driving 2022 Combined Driving Clinic

June 27-30, 2022

Donida Farm, Auburn, WA

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Essential Person(s): \_\_\_\_\_

Medical armbands or Road ID are required for all participants. Helmets and safety vests are required for marathon activities. Helmets required for cones

Questions?  
Contact Diana  
[diana@einw.org](mailto:diana@einw.org)  
425-466-4845

Please Circle:      Driver      Auditor

If auditing, please indicate which days: (please circle)

Monday    Tuesday    Wednesday    Thursday

Equine class I'm bringing: (Circle all that apply) Horse    Pony    Small Pony    VSE	Turnout I'll be driving: (Circle all that apply) Single    Pair    Multiple (Tandem, Unicorn, Four)	Division I'd like to work at: (Circle all that apply) Training    Prelim    Intermediate    Advanced
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Equine Name	Age	Height	Sex	Color	Breed	Clinic Driver Fee: \$800      \$ _____
						EI member discount** Subtract \$100    (\$ _____)
<b>OR</b>						
						<b>Audit fee:</b> # days _____ x \$30 =      \$ _____
						EI member discount**
						Subtract # days _____ x \$10 =      (\$ _____)

Approx. arrival time: _____ <small>(Stalls available starting at 1 PM)</small>  Please stable near: _____  Truck + Trailer length _____ <small>(Truck + trailer length is required when submitting entry)</small>	Pay by check payable to "Equestrians Institute" or pay by credit card at <a href="https://www.paypal.com/merchot">PayPal.me/eidriving</a> (Add \$25 credit card service fee)  Mail entries to: Diana Axness 12305-A Ingraham Rd. Snohomish, WA 98290	<b>Stall fee:</b> # of stalls _____ x \$150 =      \$ _____ Additional stall nights (if approved) # stall-nights _____ x \$35 =      \$ _____  <b>OR</b> <b>Haul-in fee:</b> \$25 per stall per day      \$ _____ <b>Extra Shavings:</b> #bags _____ x \$12 =      \$ _____
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<b>Special Considerations:</b> (such as navigator, medical restrictions, sharing equipment or navigator or other personnel, etc.)   	<b>Medical armband:</b> \$10 each      \$ _____ <b>Donation:</b> EI is a 501(c)(3) Non-Profit org.      \$ _____  <b>Total Fees Owed:</b> \$ _____  A \$250 deposit will hold your place as a driver in the clinic. Full amount is due by April 30.
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<b>Entry Checklist:</b> <input type="checkbox"/> Fees paid by check or PayPal? <input type="checkbox"/> All blanks filled in? <input type="checkbox"/> Truck + Trailer length entered? <input type="checkbox"/> Separate disclaimer(s) for driver and each essential personnel? <input type="checkbox"/> Vaccination/Vet papers included? <input type="checkbox"/> Para-driving cert. (if applicable)	<b>** Join EI today and get the EI member discount.</b> To join, go to our website at <a href="http://www.einw.org">www.einw.org</a>
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