

FRIENDS OF LINDEN-LA PLATA WINTER DRESSAGE SERIES MEMBERSHIP FORM

Rider's Name: _____ Date of Birth: ___/___/___

Address: _____

City, State & Zip: _____

Phone number: _____/_____/_____

Email Address: _____

Horse Name: _____

Horse Breed: _____ OTTB ___ MD Bred SPRT ___

Sex of Horse _____ Height of Horse/Pony _____ Age of Horse _____

**Forward Current Coggins Test to:
LINDENFARM2000@GMAIL.COM_____**

I hereby apply for membership for 2025 and enclose payment in the amount of \$40 and agree to abide by all rules and applicable USDF rules.

I understand there are no refunds for missed classes or for late arrivals for any class once the gate has closed.

I understand I must compete in at least TWO of the THREE shows to be eligible for year-end points.

Linden Farm Inc, Friends of Linden, officers & staff of both organizations assume NO responsibility for the safety of any rider or horse in the ring, parking area or barn, nor loss or damage to personal property.

Rider or Parent Signature: _____ Date: ___/___/___

BARN AFFILIATION IF ANY: _____

Payment date: ___/___/___ cash or check # _____ Level assigned: _____

For any Details Contact us at: lindenfarm2000@gmail.com or text: 301-266-9220
Address: 8530 Mitchell Rd., La Plata, MD 20646

www.LINDENFARM.COM