



David O'Connor Clinic
Valley View Farm
4606 W Leestown Rd
Midway, KY 40347

David is a renowned Olympian who needs no introduction. David is the driving force of the Young Rider Emerging Athlete 21 and Under, and a much sought after clinician. Area 8 is proud to offer this clinic with David at the beautiful Valley View Farm.

Cost: Young Rider members of Area VIII \$350.00
Adults and non YR members \$375.00

Auditing Fee: \$25/day No fee for Area 8 Young Riders

Lunch available Saturday

This will be a Mini-Camp format with small groups of 4 or 5 riders

Saturday evening may include pizza and unmounted discussions if possible

Levels: Beginner Novice, Novice, Training, Modified, Preliminary, Intermediate, Advanced

Entries to: Shelley Ryan, 1558 Player Dr., Lexington, KY 40511

No refunds for scratches after closing date unless the scratch can be filled from wait list.

Make check payable to Area VIII Young Riders.

Off site stabling available at Heronwood Farm located on Midway Rd. \$35/night payable to Heronwood Farm. Please bring your own bedding, feed and buckets.

Stalls must be stripped before you leave. Deposit check for \$35 required and will be shredded as long as your stall has been left clean.

Accommodations:

Best Western, 80 Chenault Rd, Frankfort, KY 40601 502-695-6111

Questions? Call or email: Shelley Ryan 859-224-3411 shelleywryan@gmail.com or

Each horse must have a current negative coggins.

Dogs must be leashed.

Release forms to be signed at Valley View

"C:\Users\User\Downloads\NEW Educational Activities Release Form 2021.pdf"

****Due to implementation of SafeSport regulations any participant under the age of 18 must have a parent or guardian in attendance.**

David O'Connor Young Rider Clinic Registration form

Valley View Farm, Midway, KY May 18-19, 2024

Entry Deadline: May 1, 2024 No refunds after this date unless your spot is filled from the wait list.

PARTICIPANT INFORMATION

Rider Name _____ Age _____ USEA # _____

Address _____ City _____ State _____ Zip _____

Phone _____ Parent Phone _____ Other Phone? _____

Email (rider) _____ Email (parent) _____

Horse's Name _____ Highest level horse has competed _____

Level at which you are currently competing _____ Highest level you have competed _____

Rider's Trainer Name _____ Email _____

Stabling Required? Heronwood Fram _____

Emergency Contacts (for the duration of camp)

Primary Contact Name _____ Phone _____

Alternate Contact Name _____ Phone _____

T-Shirt Size: _____ activities/educational-activity-release-form

Please complete the following forms:

"C:\Users\User\Downloads\EmergencyMedRelease06.pdf"

<https://useventing.com/safety-education/educational->

