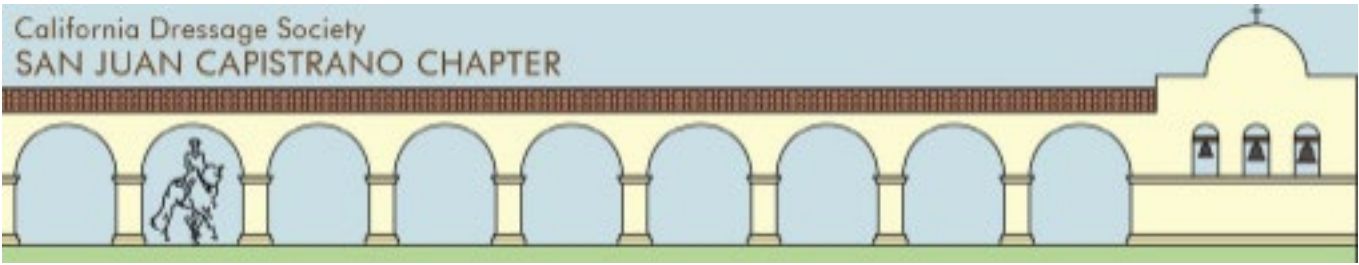


California Dressage Society
SAN JUAN CAPISTRANO CHAPTER



SJC – CDS Junior Clinic Application

Name: _____

Address: _____

Email: _____

Cell: _____

Chapter: _____

CDS 2022 Membership # _____

Rider Experience Bio:

Name, Breed, Level/accomplishments, and Age of your Horse:

Please return to kristinyoung@cox.net! The SJC board will pick randomly from the applications. Thanks!