

OHWDA Teresa Wysong Western Dressage Clinic

Sunday, May 3, 2026

Name:

Address:

Phone Number: _____ Email: _____

Name of horse:

Emergency Contact Information:

Person's Name: _____

Phone Number: _____

Information: What do you hope to achieve from the clinic?:

Cost: \$40 per horse/handler combination, (\$35 for OHWDA members). Payment should be made payable to OHWDA and mailed with this application. You are also required to have a current Equine Activities Waiver on file with OHWDA. It is located at <https://www.wdaoh.org/forms>.

Signature: _____ Date: _____

_____ Mail this form to: OHWDA, 2819 East State Route 29, Urbana, OH 43078.

For more information call:937-408-2108.