



## **California State Horsemen's Association**

### **Region 1**

### **Trail Trials Clinic**

**Saturday April 1, 2017**

**10 a.m. to 2 p.m.**

**Skyline Wilderness Park**

**2201 Imola Ave., Napa**

**\$6 park entry fee to be paid at park entrance, cash appreciated.**

**All juniors must wear a helmet and have an adult companion rider.**

Trail Trials is a C.S.H.A program, which tests the skills of the rider & horse over a course with obstacles natural to the region. Horse & rider are evaluated as they negotiate the obstacles with common sense & safety in mind. Trail Trials is not a timed event, and any horse, mule, or pony may be ridden with any style saddle and a bridle or hackamore.

Come join the fun as you practice obstacles, learn what the judges are looking for, which rules apply to an obstacle, new rules for 2017, and how the judges use the score sheets. Help you and your horse become a more competitive team!

### **Lunch Included!**

Bring your favorite trail mount, a sense of adventure, and questions you want answered. Registration Opens at 9 a.m. Please arrive between 9 – 10 a.m. **After participating in the clinic, plan to attend the Trail Trial on Sunday at Sutter Buttes. Information and entry for the trail trial found on [www.trailtrials.com](http://www.trailtrials.com).**

For questions or Additional Information, please contact Claudia Stevens at [maebelle1@yahoo.com](mailto:maebelle1@yahoo.com) or [loricleveland77@yahoo.com](mailto:loricleveland77@yahoo.com).

**C.S.H.A. Region One Trail Trial Clinic 2017**

**Entry Form**

Please print clearly. Complete one entry per person.

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

E-Mail: \_\_\_\_\_

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

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

CSHA Member:    yes    no                      Region: \_\_\_\_\_

**Please Indicate Entry Below**

Rider with a horse - - -	\$45.00	_____
Auditor - - - - -	\$25.00	_____
Junior Rider (under 18 years)	\$25.00	_____
TOTAL ENCLOSED:	\$	_____

In order to plan lunch quantities, please return entry form by March 25,

Please make check payable to: **C.S.H.A. Region 1**. Return registration form and payment ,to: C.S.H.A. Region 1 T.T. Clinic, C/O Medley Kelley, 3216 Vichy Ave, Napa, 94558. Questions? Contact the aforementioned Region 1 organizers or Medley at [kelly5@pacbell.net](mailto:kelly5@pacbell.net)