

Talmadge

SETTING THE STANDARD

2022 CELEBRATION QUALIFIER

LEARN FROM THE LEGEND
ANY CALIBER HORSE OR RIDER



ONLY 15 STUDENTS ACCEPTED

Talmadge Green School Of Champions Fall Barrel Racing Clinic



SEPTEMBER 17, 18, & 19, 2021
1301 n.w. Central Ave..
Amite, La. 70422



3 BUCKLES & 3 TROPHY BARRELS AWARDED ON SUNDAY

\$450 PER HORSE & RIDER.

\$150 NON REFUNDABLE DEPOSIT UPON RESERVATION- BALANCE DUE AT CHECK IN.

\$50 PER DAY SPECTATOR FEE PAYABLE AT THE GATE.

STUDENT'S PARENTS & IMMEDIATE FAMILY MAY ATTEND AT NO EXTRA CHARGE..

STALLS \$15 , RV'S \$25 PER NIGHT. SHAVINGS \$7 no outside shavings.

MAKE DEPOSIT CHECKS PAYABLE TO: TEAM TALMADGE &

MAIL DEPOSITS, RELEASE, & QUESTIONNAIRE FORMS TO:

24 HURRICANE CREEK ROAD

SANDY HOOK, MS. 39479

* FOR MORE INFORMATION:

TALMADGE GREEN 601-444-4815, JUDY CLOWSER 601-447-4110 OR TANYA CARPENTER 504-452-9707

*FRIDAY 9/17/2021 CHECK IN 4 PM

CLINIC 5 PM TILL....

*SATURDAY 9/18/2021 CLINIC 9 AM - 4 PM

SATURDAY 4: PM NBHA LA 06 EXHIBITION

NBHA LA06 BOOKS CLOSE @ 6 PM

*SUNDAY 9/19/2021 CLINIC 9 AM TILL...

AWARDS & PICTURES TO FOLLOW.



Make checks payable & mail deposit, release, & questionnaire form to:

Team Talmadge
24 Hurricane Creek Road
Sandy Hook, MS. 39479

Name: _____ Phone: _____

Address: _____ City _____, ST _____, Zip _____

Email: _____ Age: _____

Are there any health or physical conditions that the staff should know about prior to the clinic?

Yes _____ No _____ If Yes Please Describe:

MINOR PARTICIPANT RELEASE

I hereby allow the above minor participant to attend the Talmadge Green Barrel Racing and Horsemanship Clinic. If under 18 a parent or guardian signature is required to attend.

SIGNATURE: _____ Date: _____

I, _____ the undersigned have read and understand the following release and hold harmless agreement. I recognize and agree that Talmadge Green and the Talmadge Green Barrel Racing and Horsemanship Clinic has/have made every reasonable and prudent effort to determine my ability to engage in the equine activity above, and has/have sufficient knowledge of equine and horseback riding skills that will be taught in the clinic. I also realize and understand that events involving horses and barrel racing are dangerous. Every effort will be made to ensure the safety of each student and their horses at the above listed clinic. I hereby release Talmadge Green and the Talmadge Green Barrel Racing and Horsemanship clinic and/or any of the sponsors, assistants or facility owners from liability in the event of an accident.

SIGNATURE: _____ Date: _____

Required Signature of clinic participant

TALMADGE GREEN
School Of Champions

NAME _____

ADDRESS _____

CITY _____ **ST.** _____ **ZIP** _____

PHONE _____

AGE (RIDER) _____ **AGE (HORSE)** _____

DO YOU GO TO THE RIGHT OR LEFT BARREL FIRST? _____

HOW LONG HAS THIS HORSE BEEN ON BARRELS? _____

HOW LONG HAVE YOU RIDING THIS HORSE? _____

WHAT PROBLEMS DO YOU HAVE AS A RIDER? _____

DO YOU HAVE ANY OF THESE PROBLEMS WITH YOUR HORSE?

PROBLEM COMING IN THE ALLEY?

RUNNING PAST THE BARREL? #1 _____ #2 _____ #3 _____

HITTING THE BARREL? #1 _____ #2 _____ #3 _____

RUNNING OFF? #1 _____ #2 _____ #3 _____

HARD TO STOP? _____

TALMADGE'S NOTES

1ST RUN _____

2ND RUN _____

HEAD GEAR _____

IMPROVEMENT _____

TIE HORSE _____

STRAIGHT BACK ()

STRAIGHT BACK WITH ROPES ()

AROUND TO LEFT ()

AROUND TO RIGHT ()

30 MINUTES EACH WAY 2 DAYS PER WEEK ()

30 MINUTES EACH WAY 3 DAYS PER WEEK ()

OTHER NOTES: _____

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