# TAMBARD SETTING THE STANDARD CELEBRATION QUALIFIER

LEARN FROM THE LEGENTS

ANY CHLISTER HORSE OR RIVER



ONLY IS STUDENTS ACCEPTED

# Talmadge Green School Of Champions Spring Barrel Racing Clinic



MARCH 26 · 2\$, 2021
HANCOCK COUNTY FAIREROUNDS
4184 Kiln Delisie Rd.
Kiln, Ms. 39556



# 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

MAKE DEPOSIT CHECKS PAYABLE TO: TEAM TALMADGE & MAIL DEPOSITS, RELEASE, & QUESTIONNAIRE FORMS TO:

**24 HURRICANE CREEK ROAD** 

**SANDY HOOK, MS. 39479** 

\* FOR MORE INFORMATION:

\*FRIDAY 3/26/2021 CHECK IN 4 PM CLINIC 5 PM TILL....

\*SATURDAY 3/27/2021 CLINIC 9 AM - 4 PM SATURDAY 4: PM NBHA LA 06 EXHIBITION NBHA LA06 BOOKS CLOSE @ 6 PM

\*SUNDAY 3/28/2021 CLINIC 9 AM TILL...
AWARDS & PICTURES TO FOLLOW.

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

### **TALMADGE GREEN**

## **School Of Champions**

NAME	<u>TALMADGE'S NOTES</u>		
ADDRESS	1 <sup>ST</sup> RUN		
CITY ST. ZIP	2 <sup>ND</sup> RUN		
PHONE	HEAD GEAR		
AGE (RIDER) AGE (HORSE)	IMPROVEMENT		
DO YOU GO TO THE RIGHT OR LEFT BARREL FIRST?	TIE HORSE		
HOW LONG HAS THIS HORSE BEEN ON BARRELS?	STRAIGHT BACK ( )		
HOW LONG HAVE YOU RIDING THIS HORSE?	STRAIGHT BACK WITH ROPES ( )		
WHAT PROBLEMS DO YOU HAVE AS A RIDER?	AROUND TO LEFT ( )		
	AROUND TO RIGHT ( )		
	30 MINUTES EACH WAY 2 DAYS PER WEEK ( )		
DO YOU HAVE ANY OF THESE PROBLEMS WITH YOUR HORSE?	30 MINUTES EACH WAY 3 DAYS PER WEEK ( )		
PROBLEM COMING IN THE ALLEY?	OTHER NOTES:		
RUNNING PAST THE BARREL? #1 #2 #3			
HITTING THE BARREL? #1 #2 #3			
RUNNING OFF? #1 #2 #3	-		
HARD TO STOP?			

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

24 Hurricane Creek Road Sandy Hook, MS. 39479



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

Name:	1	Phone:	
Address:	City	, ST	, Zip
Email:	Age:		
Are there any health or physical clinic?	conditions that the staff should k	now about prior t	o the
Yes No If Ye	es Please Describe:		
I hereby allow the above minor		dge Green Barre	
Clinic. If under I8 a parent or g	3		
SIGNATURE:		Date:	
I, understand the following rel Talmadge Green and the Tal every reasonable and pruder and has/have sufficient kno clinic. I also realize and und Every effort will be made to clinic. I hereby release Talm clinic and/or any of the spon accident.	ease and hold harmless agro lmadge Green Barrel Racing nt effort to determine my abi wledge of equine and horsel erstand that events involving ensure the safety of each stu adge Green and the Talmad	eement. I recog and Horsemar lity to engage i back riding ski g horses and ba dent and their ge Green Barre	nship Clinic has/have made in the equine activity above, lls that will be taught in the arrel racing are dangerous. horses at the above listed el Racing and Horsemanship
SIGNATURE:		Date:	