

POTOMAC HUNT FOXCHASING CLINIC
(CHILDREN AND ADULTS WELCOME)

POTOMAC HUNT KENNELS,
21315 Peach Tree Road, Dickerson, MD 20842
Saturday, August 19th
7:30 A.M. TO 11:30 A.M

This is a mini clinic with mounted and unmounted sessions to inform the experienced as well as the inexperienced rider about the sport of foxchasing and the etiquette and situations that arise in the hunt field.

Riders will be split into two groups. There will be a **First Field**, which will consist of riders who are cantering and jumping under control. The jumps will not exceed 3'3". The non-jumping group, the **Second Field**, will be for riders who are trotting and cantering under control. There will also be the possibility of participating as a **Foot Follower**, for those who come without horses and wish to experience the fun from a different perspective.

The clinic begins at 7:30am with registration. Riders are requested to be ready with their mounts at 8:00 for an introduction to the events. The mounted clinic will ride out at approximately 8:15. Casual attire, hard hat with harness, riding shoes or boots are required.

The Potomac Hunt will provide brunch following the mounted activities. During this time there is a discussion of the morning's hunt with stories and recollections by hunt members on their experiences in the field! A demonstration of hunt attire will be provided. And there will be time for questions.

The registration fee is \$40/adult, \$20/junior (under 21). A release and waiver of liability must be signed and returned with the registration form by Wednesday, August 19, 2017. For more information please refer to the Potomac Hunt web site at www.potomachunt.com. On the day of and 48 hours prior to event date, additional information will be available on the Potomac Hunt Monitor at 301-972-8017.

Note: You are also invited to join us in a special opportunity to walk out (no horses) with our champion hounds and our huntsman on Friday evening at 6:30 PM for Happy Hour with the Hounds. Come and learn even more about foxchasing!

NAME: _____

ADDRESS: _____

PHONE: _____ **E-MAIL:** _____

RIDING EXPERIENCE: _____

AGE (if under 18) _____

Please return this form for receipt three days prior to the scheduled clinic date with your **Registration Fee and Signed Waiver** to: **Sarah O'Halloran, 20705 Mouth of Monocacy Road, Dickerson, MD 20842.**