

2nd Annual
*Bring on Spring
Paper Chase*

Saturday, March 23rd 2019

A Paper Chase is a flagged field course over varied terrain ridden by teams of two or three equestrians who depart at predetermined intervals. The Pace is determined by the conditions of the terrain. Teams ride to an undisclosed Ideal Time. Winning teams come closest to the Ideal Time and are awarded ribbons.

Advance Registration Necessary!

Limited to 50 Horses.

A Benefit for Talisman Therapeutic Riding Inc. and Camp Wright



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Bring on Spring Paper Chase

Saturday, March 23rd, 2019

1-4pm

Riders will park and gather at Christ Church Kent Island to start and finish the course that runs through the Camp Wright property. A blessing of the horses and riders will kickoff the event.

Riders must wear ANSI-SEI approved helmets, shoes/boots, with heels; use a saddle (no bareback riding). Riders under the age of 14 must have an adult rider (over 21) with them. Riders must bring their own water for their horses. Riders must remove manure created by their mounts from the parking lot.

Ribbons will be awarded first through sixth place to teams that come closest to the undisclosed Ideal Time. The Awards Ceremony will begin when the last team returns. Additional awards will be given to oldest team, family team, slow poke team, and more.

Sponsors are needed. Please contact Talisman Therapeutic Riding Inc. at
443-239-9400

Anne@TalismanTherapeuticRiding.org or www.TalismanTherapeuticRiding.org

REGISTRATION FORM

Team Name: _____

Team Captain: _____

Team Captain's Address: _____

Phone: _____

Email: _____

Rider #1: _____

Rider #2: _____

Rider # 3: _____(optional)

Preferred Start Time: _____. No earlier than 1:00, no later than 3:00. Start times will be 3 to 10 minutes apart. You will be emailed your start time three days prior to the event.

Fee: \$40 per rider. There will be no refunds or rain date for this event. Registration closes when 50 riders have registered. TTR and Camp Wright reserve the right to alter the course and jumps due to unforeseen weather conditions.

Amount enclosed: \$ _____. Please make checks payable to:

TTR
172 Blue Ribbon Lane
Grasonville, MD 21638

Visa/MC # _____

Name on Card _____

Expiration Date _____ Security Code _____

Zip Code _____

www.TalismanTherapeuticRiding.org

443-239-9400