



**Annual Spring Clinic *featuring* Paul Maye**  
**May 17-18, 2025**  
**Fox Valley Saddle Association, Hampshire, IL**

**I would like to participate as a (circle all that apply):** **Driver\*** **Groom\*** **Auditor** **Volunteer\***

Name \_\_\_\_\_ E-mail \_\_\_\_\_  
 Street Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**\*per insurance, must be a HUB Club member, join below**

**EQUINE** Name \_\_\_\_\_ Mare \_\_\_\_\_ Gelding \_\_\_\_\_ Stallion \_\_\_\_\_  
 Breed \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Color \_\_\_\_\_ Single OR Pair \_\_\_\_\_  
*Use back side if bringing more than one horse*

**FEES**

Per private lesson: \$130	\$ _____	Preferred lesson time(s): _____
Day stall EACH CALENDAR DAY: \$40 (add \$15 to bring in horse the night before)	\$ _____	Preferred lesson day(s): _____
OR	\$ _____	
Haul-in fee <u>per trailer, per day</u> : \$20	\$ _____	

<b>Back-to-Back Timed Cones Course Runs</b>		<u>I would like to work on (circle all that apply):</u>
Saturday \$20	\$ _____	dressage cones obstacles other
Sunday \$20	\$ _____	
<b>Auditing</b> (free for members, \$25 for non-members)	\$ _____	

**Join/Renew as a HUB Club member! \$25** \$ \_\_\_\_\_ Other: \_\_\_\_\_

**TOTAL FEES** \$ \_\_\_\_\_

**Mail a registration form for EACH PERSON attending, a check made out to "HUB Club," and a copy of your horse's current negative Coggins test to: Lydia Gray, 43W991 Oakleaf Drive, Elburn, IL 60119**

*For more information contact Lydia at [lydiagraydvm@gmail.com](mailto:lydiagraydvm@gmail.com), text 630-701-5903, or phone 630-557-0241*