

**KATYDID CDE CLINIC FUNDRAISER**  
**Participant Form**

**Friday – March 5<sup>th</sup> – 7:30 am – Noon**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Are you showing at the Katydid March 6<sup>th</sup> HDT: Yes \_\_\_ No \_\_\_

If so, division you are showing in? \_\_\_\_\_

If not, at what level do you want to participate at: Training \_\_\_ Preliminary \_\_\_

There will be coffee and donuts available in the morning.

Please mail this form and the \$55.00 participant fee (made out to Katydid CDE) to:

Claudia DeLorme  
Capstone Farm  
158 North Windsor Road  
Windsor, SC 29856

PLEASE ARRIVE ON TIME FOR REGISTRATION AT 7:30 ... The clinic will begin promptly at 8am.

We will not be covering calculating time in detail. If you have questions, speak to Claudia DeLorme after the clinic.