



Dressage Niagara Presents

A CLINIC WITH METTE ROSENCRANTZ – INTERNATIONAL DRESSAGE RIDER & COACH

Now based in southern California, Mette Rosencrantz was twice a member of the Swedish National Dressage Team. She was the youngest rider ever allowed to enter Strömsholm, Sweden's prestigious school for instructors, and eventually became its head dressage instructor in 1980.

Mette has shown at the Grand Prix Level on several horses and won the Open Grand Prix at the World Cup in 2007 on Basquerville. Her goal is to ride in the 2012 London Olympics.

Mette's teaching skills are highly sought-after and she has riders and horses in training at all levels. She believes that establishing a good foundation is essential to creating the best riders and that there are no quick fixes. She tries to discover the reason problems are occurring, and treats the cause rather than just the symptom to leave each participant with long-term goals to work towards.



**Sunday, June 6th at Briarwood Stables
5812 Bossert Road, Niagara Falls, ON**

RIDER FEE (45 minute lesson): \$150 for Dressage Niagara members*
\$200 for non-members

AUDITOR FEE: \$35 for Dressage Niagara members*
\$45 for non-members

*DN Membership as of May 1st, 2010

Limited Stabling is available – Please contact Vera Bowman at (905) 295-6089. Horses must have proof of inoculations, including Strangles, and a current negative Coggins test

Registration forms available at www.dressageniagara.com. Applications to RIDE must be received by May 21 and registrations to AUDIT by May 31.

Questions? Email Dressage Niagara at dressageniagara@live.ca.



Mette Rosencrantz Clinic, SUNDAY, JUNE 6 RIDER & AUDITOR REGISTRATION

Format and Schedule: There will be up to 10 private lessons (45 minutes each) with a 30-minute lunch break. Location is Briarwood Stables, 5812 Bossert Road, Niagara Falls, ON.

Selection Criteria for Qualifying Rider Applicants:

Rider preference will be given to members of Dressage Niagara who paid their dues by May 1, 2010. Various levels of riding are preferred (i.e. Training, Levels 1-4, etc.) to provide a broad spectrum for Auditors.

Dressage Niagara reserves the right to select riders and horses most suitable for the clinic.

Rules:

1. For insurance purposes, riders and the horse owners must be members of their provincial equestrian sport organization (e.g. OEF) and provide a photocopy of their 2010 membership card with their application.
2. Riders must wear an ASTM/SEI approved safety helmet at all times while mounted.
3. Turn-out: we ask that all horses be braided and that riders be smartly turned out with clean tall boots, breeches, fitted dress or polo shirt.
4. Horses must arrive at the Clinic sound, fit and in good health. A photocopy of a valid Negative Coggins Test must be included with the registration. Strangles vaccine is recommended.

Deadlines: Completed registration form, including full payment must be received by Dressage Niagara on or before **Friday, May 21, 2010**. Dressage Niagara will confirm receipt of your registration by email or phone. If you do not receive confirmation of receipt, please contact the Clinic Coordinator before the deadline.

Rider Fee: Private rides are \$150 for Dressage Niagara Members*, \$200 for Non-Members. The fee includes one private 45-minute lesson. Cheques should be made payable to Dressage Niagara and the full fee must accompany the registration. *Membership Fee paid by May 1, 2010.

Cancellations: Riders who cancel for whatever reason will receive a refund only in the event Dressage Niagara can find a replacement rider. If the clinic itself is cancelled, all applicants shall receive a full refund.

Auditor Fee: \$35 for Dressage Niagara Members*, \$45 for Non-Members (*2010 membership fees paid by May 1). **Auditor registrations due May 31.**

Stabling: Contact Vera Bowman at (905) 289-6089 (limited availability)

Dressage Niagara Mette Rosencrantz June 6th Clinic

REGISTRATION FORM

Rider Information (Please Print) Name:	Provincial Organization # (please identify which one)
Address:	Phone:
City/Province:	Cell Phone:
Postal Code:	Email:
Rider Date of Birth (if under 19):	Coach/trainer:
Level Currently Schooling:	Clinic Goal:
Horse & Rider History (40 words)	

Auditor Information (Please Print) Name:	Provincial Organization # (please identify which one)
Address:	Phone:
City/Province:	Cell Phone:
Postal Code:	Email:

PLEASE MAIL APPLICATION WITH CHEQUE OR MONEY ORDER TO:

Dressage Niagara

Rider DN Member: \$150

RE: Mette Rosencrantz Clinic

Rider Non-Member: \$200

PO Box 231

Auditor DN Member: \$ 35

Fonthill, ON L0S 1E0

Auditor Non-Member: \$ 45

*If more than one person is registering please submit name and contact information on a separate sheet.