Market Street

Anne Kursinski Riding and Jumping Clinic
November 13-15, 2026

Daily Clinic Schedule

2'6" - 2'9" Section
9:00 am – 11:00 am

3' - 3'3" Section
11:15 am – 1:15 pm

3'6" - 3'9" Section
2:30 pm – 4:30 pm

Riders - $1,000
Riders must ride all 3 days. Riders are allowed 1 complimentary guest. (i.e. parent, trainer, or groom).

Auditors
$65/Day or $175 for all 3 days.
No pre-registration required for auditors.

Stabling
Stabling is $125 per night. Shavings included.

Hotel Accommodations - The Hampton Inn, Flemington, NJ 08822 (908)284-9427

Directions to Clinic Location: Market Street, 107 Spring Hill Road, Frenchtown, NJ 08825
From Route 202 Flemington - Take Route 12 West towards Frenchtown. Turn left at light on 519 South, Follow for 1.3 miles, past elementary school on the left. Take first right on Spring Hill Road. Market Street is the first driveway on the left.

From Route 78 - Take Exit 15, Clinton/Pittstown. Turn left on 513 South (Pittstown Road). Stay on 513 South where it turns right into Pittstown. Turn left at Hogs Hollow Road. At stop sign continue straight across on 519 South. Follow across Route 12, past elementary school on left. Turn right on Spring Hill Road. Market Street is the first driveway on the left.

Payment must accompany registration form to secure a spot in the clinic. Make checks payable to Market Street Inc. We also accept Venmo payment to @Anne-Kursinski-77 or Zelle to 908-229-5297. If you have any questions, please call Hoffy at (908)229-5297 or email: marketstreetinc@yahoo.com.
No Dogs Please!!

Proper Attire Required: Breeches, Helmet, Boots, Spurs and Crop
www.marketstreetinc.com

Anne Kursinski Riding and Jumping Clinic Registration Form
November 13-15, 2026

Name:_____ Date:_____

Address:_____

City, State, Zip:_____

Phone:_____ Email:_____

Clinic Sessions (*Please select one session per horse.)*

_____ 2'6" - 2'9" Section _____ 3' - 3'3" Section _____ 3'6" - 3'9" Section

Clinic Rider Registration Fees

_____ Number of sections at $1,000 per section.

_____ 1 guest or groom with each rider. Please list guest or groom name below.

_____ Minors riding in the clinic may have a parent or guardian.

Rider's Guest/Groom/Parent/Guardian Name:_____

Stabling

_____ Stabling $125/night.
Includes shavings. Please bring your own hay, feed, buckets and supplies.

Number of Stalls: Thursday_____ Friday_____ Saturday_____

Auditing *(Cash will be accepted at the door for auditors.)*

Auditor Name:_____

_____ $65/Day Quantity: _____

_____ $175 for all 3 Days Quantity: _____

Total Amount Enclosed: _____

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