

CLINIC REGISTRATION

Name:

Horse's Name

Address:

Phone Number: E-Mail:

Insurance Carrier: Number:

I am registering for the following clinic?

Tell me about your horsemanship skills.

What is your main reason for wanting to attend this clinic?

6473916309 www.dreamfeather.ca
www.fromthegrounduphorsemanship@gmail.com
2657 Brock Rd Uxbridge On L9P1R4

I am etransfering TOTAL

- **please add HST to cost of clinic(s)**
- **a 50% non refundable deposit is due upon registration**
- **please email registration form and etransfer payment to k.draffin@hotmail.com**