

## CLINIC REGISTRATION

Name:

Horse's Name

Address:

Phone Number:

E-Mail:

Insurance Carrier:

Number:

I am registering for the following clinic?

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Tell me about your horsemanship skills.

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

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6473916309      www.dream-feather.com  
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](mailto:k.draffin@hotmail.com)**