Judy Griffiths
FROM THE GROUND UP HORSEMANSHIP

2026 CLINIC REGISTRATION

Thank you for your interest in registering! I am excited to help you deepen your connection with your horse through trust and communication. Your unique experiences will enrich the supportive community of Natural Horsemanship students.. Please complete the registration form fully, and feel free to reach out with any questions. I look forward to seeing you both on this exciting journey!

~judy griffiths~

Your Name :

Horse's Name Equine Insurace #

Address :

Phone Number : E-Mail :

✓	Name of Clinic	Date	50% non refundable fee

- **Please read and understand the prerequisites for all clinics before registering**
- **Please etransfer 50% non-refundable registration fees to k.draffin@hotmail.com**

What made you want to participate in the clinic?_____
_____
_____

Do you need to borrow a rope halter, 12' line or Long Arm for the clinic? _____.

If so, what do you need _____

Are there any important details regarding you or your horse that you want me to know before we start?_____
_____
_____

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