



REGISTRATION FORM

Level 1 Clinic
May 22-23rd, 2010
Fabulous Farms
4141 highway 76
Bonsall, Ca. 92003

Name: _____

Phone: _____

Address: _____ zip: _____

e-mail address: _____

savvy club number: _____

Payment amount enclosed \$ _____ check money order cash

This form must be printed, filled out and sent with payment to:

Brad Tenney
Attn: Level 1 Clinic
PO Box 554
Bonsall, California 92003

**** Clinic check or money orders made out to Margit Deerman.
Pen fee made out to Fabuouus Farms**

Time: 9-4pm Saturday and Sunday

Cost: \$350 early bird, before May 15th. \$450 if payment is received after.

Auditing: \$35 a day to audit, \$50 for both days.

Boarding available: \$20 day . Let us know how many nights. Contact Brad.

Participant information:

PNH level completed: _____ Years experience: _____

Any medical handicaps? _____

In case of emergency contact: Name: _____

Phone: _____

Relationship: _____

Horse information:

Breed: _____ Mare/gelding: _____ Age: _____

Note: negative coggins within 12 months required for out of state horses only.

For more information or questions contact Brad Tenney at

bradtenney@hotmail.com or phone 760 809 5931