



REGISTRATION FORM

Beginning Level 1 Clinic

September 20-21st, 2008

Oceanside, Ca.

Name: _____

Phone: _____

Address: _____ zip: _____

e-mail address: _____

Payment amount enclosed \$ _____ check money order cash

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

Margit Deerman

Attn: Beg. Level 1 Clinic

29515 Anthony Road

Valley Center, Ca. 92082

**** Clinic check or money orders made out to Margit Deerman. Board checks made out to Skydance Ranch.**

Time: 9-4pm Saturday and Sunday

Cost: \$400 early bird. Sept. 10th, \$450.

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

Boarding available: \$20 day .

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.