

# Clinic Registration Form

Please complete and return to Bonnie.

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Rider Skill Level:  Beginner  
 Intermediate  
 Advanced

Horse Skill Level:  Beginner  
 Intermediate  
 Advanced

Comments on Skills: \_\_\_\_\_

Please Group With: \_\_\_\_\_

Goals: \_\_\_\_\_

Will you need an RV plug-in:  Yes  No

Stabling is included for one horse.

Check price list for all fees.

A cheque must accompany registration form.  
Please make cheques payable to Bonnie Becker.