

Wildwood Farm Equine Center, LLC

124 Holcomb Road, Port Crane, NY 13833



Carol Lavell Dressage Clinic

Saturday & Sunday \sim October 22^{nd} – 23^{rd} , 2016

~all levels welcome~

PARTICIPANT REGIS	□ Sat	□ Sat Oct 22 nd □ Sun Oct 23 rd						
NAME OF PARTICIPANT								
ADDRESS								
CITY			STATE	7	ZIP			
PHONE/CELL			EMAIL	EMAIL				
PARENT (if under 18) Contact Info			PARENT S	PARENT Signature				
HORSE NAME		AGE SEX						
			Please specify when you plan to arrive and depart and any special equests:					
MUST HAVE CURREN	IT COGGINS							
EMERGENCY CONTACT	PH	IONE	CELL					
Please use separate pag				Clinic F			Total \$	
	ndable 50% depo		with registration w	\$10.00/g		(lunch) L \$ f the clinic*	\$ \$	
AUDITOR REGISTRATION Sat Oct 22 nd Sun Oct 23 rd NAME OF AUDITOR								
ADDRESS								
CITY			STATE	7	ZIP			
PHONE/CELL			EMAIL	EMAIL				
PARENT (if under 18)	Contact Info		PARENT Signature					
Auditing Fees \$30/perso	on/day or \$50	for Sat&S	Sun (includes lunc	ch when prei	registered)	Total \$		
Make checks payable to: Send registration with payment to Contact and Info: info@wildwoo		ey, 124 H					-0367 (Lauri's cell)	

	Please provide a brief background on each participant/horse:
	Please provide a brief background on each participant/horse: For example, what is your experience, what are your goals with your horse? List anything specific that you would like to work on during the session.
	List arrything specific triat you would like to work oir during the session.
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