



Clinic Venue	Brookleigh Equestrian Estate 1213 Great Northern Hwy UPPER SWAN, WA	Date of Clinic	DEC 13th 2012 Or Dec 13th – 16th 2012
Full Name of Participant:			
Postal Address of Participant:			
Mobile:			
Email:			
	FEE	TOTAL	
CLINIC FEE 1 DAY	200.00		
CLINIC FEE 4 DAYS	740.00		
Ground Fee 1 day	15.00		
Ground Fee 4 days	60.00		
Fence Sitter 1 day	50.00		
Fence sitter 4 days	170.00		
Ground Control Explained	50.00		
Free postage	Participant discount price		
Log Reining Explained	40.00		
DEPOSIT (MIN 20%) PAID:			
Due Nov 1st at the latest - BALANCE TO BE PAID:			

NOTE: CLINIC FEES ARE NON REFUNDABLE

DIRECT DEPOSIT / INTERNET TRANSFER

BSB: 066 100 Account Number: 10265123

Commonwealth Bank
DOUBLE DAN HORSEMANSHIP PTY LTD

REFERENCE: BROOKLEIGH – "YOUR FULL NAME"

OR

CREDIT CARD PAYMENT

Visa OR MasterCard (circle)

Card number

CCV* Expiry

Name on card

Cardholder signature Date:

Postal Address: Double Dan Horsemanship RMB 4012, York WA 6302