Clinic registration form

Name of Clinic: Spooky Horse Clinic 22 Oct

Name:

Address:

Contact phone number:

Email:

Emergency contact name and phone number:

How did you hear about this event?

Would you like to be notified of other events? YES/NO

Email this form back to bickleyvalleyhorsetours@gmail.com

To avoid disappointment, please ensure payment is made prior to the event as spaces are limited.

Please ensure the correct footwear and helmet is worn. Arrive on time and call if you are running late.

Payment via direct debit: BSB 124 001 Acc 1417 895 (name and event)