

DRIVING WITH MUFFY SEATON



FESTIVALE of ENDANGERED EQUINES

CLINIC REGISTRATION FORM

Sunday, September 7, 2008

PARTICIPANT INFORMATION:

Name: _____ Horse's Name: _____

Address: _____ Breed: _____ Pure Partbred
_____ Horse's Registry & Reg# _____

Email: _____ Telephone: _____ Cell: _____

Driving Training: _____

Please tell us a little about your needs or expectations. What would you like to work on during your clinic session? _____

What problems would you like help with? Feel free to attach a separate sheet describing you and your horses' backgrounds. _____

CLINIC SESSIONS & FEES: *AUDITING - FREE TO PUBLIC with KHP admission*

Circle Preferred Session: **9AM 10AM 11AM 12PM 1PM**

_____ \$110 per private 55 min session

_____ FPA - Liability Release form attached

STABLING:

_____ \$15 Sunday Only

_____ \$ 50 weekend (Thurs-Sun)

_____ I already have event stabling

\$ _____ **TOTAL FEES**

All KHP Regulations apply to clinic participants.

PAYMENT due by August 1st, 2008

_____ Check - Please make payable to **Equus Survival Trust**

_____ PayPal Option On-Line payment (plus form)



Mail Payments to:

Equus Survival Trust -Field Office

775 Flippin Road

Lowgap, NC 27024

(336) 352-5520 EquusSurvivalTrust@yahoo.com

www.Equus-Survival-Trust.org