

REGISTRATION FORM

**2010 CLINIC REGISTRATION &
DEPOSIT FORM**

A completed Clinic Registration Form and deposit is required in order to sign up for EACH clinic. Emails & phone calls do not constitute acceptance into any clinic. First come – first serve. Clinic is to be paid, in full, 30 days prior to clinic. *Copy of current negative Coggins test must accompany final payment.*

PLEASE PRINT!

CLINIC NAME: _____

NAME: _____

ADDRESS: _____

BEST CONTACT # _____

EMAIL: _____

HORSES' NAME: _____ AGE: _____ BREED: _____

HOW LONG HAVE YOU & YOUR PARTNER BEEN PLAYING W/ PARELLI?? _____ WHAT LEVEL(S) Official or Unofficial _____

Please list any questions or concerns you may have whether it be about your horsemanship, your horse, etc. on the back of this form. (You can continue on a separate piece of paper if necessary).

Please send clinic registration form and deposit to:
Kindred Spirits Farm
614 Hawk Mountain Road
Kempton, PA 19529

Make checks payable to Kindred Spirits Farm

By submitting this Clinic Registration Form, the participant understands that a deposit of 1/2 the total clinic fee is required to hold a space for the clinic. It is also understood that payment in full is due 30 days prior to clinic date. Deposits are non-refundable unless participant cancels 45 days prior to clinic date. The participant has the option of finding a replacement, however, Kindred Spirits Farm must be notified and a proper Clinic Registration Form must be submitted.

**DO NOT WRITE BELOW THIS LINE
OFFICE USE ONLY**

DEPOSIT _____ # STALL NEEDED _____

PAYMENT _____ LEASE HORSE _____

COGGINS _____