

# Haras Clinic Registration

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Please bring a current copy of your Coggins

HORSE #1 \_\_\_\_\_

COGGINS # \_\_\_\_\_ DATE: \_\_\_\_\_

HORSE #2 \_\_\_\_\_

COGGINS # \_\_\_\_\_ DATE: \_\_\_\_\_

HORSE #3 \_\_\_\_\_

COGGINS # \_\_\_\_\_ DATE: \_\_\_\_\_

HORSE #4 \_\_\_\_\_

COGGINS # \_\_\_\_\_ DATE: \_\_\_\_\_

FEEES: \$250.00 (Includes 2 lessons and 2 lunches) \$ 250.00

\$ 35.00 PER NIGHT STALLS X \_\_\_\_\_ NIGHTS = \_\_\_\_\_

\$ 10.00 / BAG SHAVINGS X \_\_\_\_\_ = \_\_\_\_\_

\$ 15.00 EXTRA LUNCHES X \_\_\_\_\_ = \_\_\_\_\_

\*NO CHARGE FOR AUDITING

TOTAL \_\_\_\_\_

PAYMENT TYPE: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Check #: \_\_\_\_\_