

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: _____

FEE: \$225.00 (Includes 2 lessons and 2 lunches) \$ 225.00

\$ 35.00 PER NIGHT STALLS _____ NIGHTS = _____

\$ 10.00 / BAG SHAVINGS _____ = _____

\$ 15.00 EXTRA LUNCHES _____ = _____

*NO CHARGE FOR AUDITING

TOTAL _____

PAYMENT TYPE: _____

Credit Card #: _____

Check #: _____