

Clinic Registration Form
Working Equitation Clinic
May 16th & 17th

Participant Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Horse Name: _____

Age: _____ Breed: _____

Is there anything you feel we need to know about you or your horse?

Stabling needed (\$30/day, shavings not included): _____

Clinic 2 day	\$250 cash/check, \$260 PayPal	\$
Stabling	\$30/day X _____ days	\$
Trailer Hookup	\$20/day X _____ days	\$
Total		\$

\$100 deposit required to hold your spot, the rest is due the week before the clinic. Payment can be made via cash, check made payable to Whisler Equine Services or can be sent through PayPal to email TBRacing5@yahoo.com. The cost of the clinic is \$250 if paid by check or cash, \$260 if paying via PayPal.

Forms can be emailed to whislerequineservices@yahoo.com or mailed to:

Allison Whisler

Alliance Equestrian Center

2400 N County Road 725 W

Yorktown, IN 47396