

Liberty Clinic with Abby Hale

August 22, 2020

Double D Equestrian Center

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Horse's Name participating in the Clinic:

Do you have any experience with Liberty:

Are you a Four Beats for Pleasure Member: Yes No

Do you wish to: Participate with Horse Audit

**Please email this completed sheet along with a current
Negative coggins to: 4beats4pleasure@gmail.com**