



Doug Walsh Mini Clinic Registration Form
11537 East Rambling Dr
Wellington, FL 33414

Event Date: _____

RIDER (First and Last Name: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

HORSE NAME: _____ AGE: _____ BREED: _____
(copy of current coggins required to participate)

REGISTRATION FEE AND INFORMATION:

**Mini Clinic with Doug will be 4 hours starting at _____ on _____ 2021,
please arrive early enough to be ready to start the clinic at _____ sharp.**

_____ **Beginner/Advanced w/Doug : \$150.00 per horse/Rider** _____

Checks payable to Dark Horse Stables or Electronic payment Available: Total Paid: _____

Signature (Parent signature required if under 18)

Date

**CHECKS CAN BE MADE PAYABLE TO DARK HORSE STABLES. CANCELLATIONS MUST BE MADE
AT LEAST 72 HOURS PRIOR TO EVENT FOR A FULL REFUND.**

ASK US ABOUT OUR MONTHLY MEMBERSHIP AT DARK HORSE ALLOWING UNLIMITED ACCESS TO
USE THE OBSTACLE COURSE DURING NORMAL OPERATING HOURS FOR LOCAL CLIENTS!