

Therapeutic Riding Clinic Registration Form

Instructed by Judy Cross-Strehlke

Name: _____

Address: _____

City, State, Zip: _____

Phone & E-mail: _____

Registration Deadline is September 10, 2017!

Please send payments, made payable to High Horses Therapeutic Riding Program, along with form to:

High Horses Therapeutic Riding Program

PO Box 278, 138 Horse Farm Road

Sharon, VT 05065

Email: nicole@highhorses.org

Phone: 802-763-3280

Registration starts at 8am, Clinic runs from 9am-5pm both days

- | | | |
|--|---------|---|
| <input type="checkbox"/> Sept 15 & 16 | \$85.00 | Includes lite breakfast, lunch & dinner |
| <input type="checkbox"/> Sept. 15 only | \$55.00 | Includes lite breakfast, lunch |
| <input type="checkbox"/> Sept. 16 only | \$55.00 | Includes lite breakfast, lunch |
| <input type="checkbox"/> Audit Fee Daily | \$25.00 | Includes lite breakfast (No CEC earned) |

Extra Meal Tickets

- | | |
|--|----------|
| <input type="checkbox"/> Lunch | \$5.00 |
| <input type="checkbox"/> Fri. night Dinner | \$23.00* |

Amount Due: _____

*Friday night Dinner on site at High Horses, Catered by La Pizza Lupo Wood fired Pizza, Salad, Dessert

On Site Registration Fee is an additional \$5.00

- | |
|--|
| <input type="checkbox"/> I am also interested in attending the State Meeting on September 17, 2017 |
| <input type="checkbox"/> I am also interested in a private riding lesson with Judy Cross-Strehlke |

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Credit Card (Add \$2.00 to total for credit card processing fee)

Visa Mastercard Amex Discover

Card #: _____

Expiration Date: _____ CVV Code: _____ Billing Zip Code: _____

