

# Owl Canyon Horse Services Clinic Registration Form

Participants Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

Address: \_\_\_\_\_

Clinic Date: \_\_\_\_\_

Please briefly explain your experience, if any: \_\_\_\_\_

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Please explain your goals with horses: \_\_\_\_\_

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Please explain any concerns, special requests, or limitations: \_\_\_\_\_

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**If you are hauling in a horse, please tell us a little about your horse.**

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Gelding / Mare Discipline: \_\_\_\_\_

Please describe what you would like to accomplish, any problems you have with your horse, or any comments and concerns: \_\_\_\_\_

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**This form and a non-refundable \$50 deposit must be mailed to  
12841 NCR 9 Wellington, Colorado 80549 to reserve your spot in the clinic.  
The remainder of the clinic fee is due at the start of the clinic.**

**Thank you for registering!**