

Owl Canyon Horse Services Horsemanship Clinic Registration

Participants Name: _____

Phone Number: _____

Address: _____

Email: _____

Clinic Date: _____

Please list each day that you are attending.

Please briefly explain your experience, if any: _____

Please explain your goals with horses: _____

Please explain any concerns, special requests, or limitations: _____

*This form and a non-refundable deposit of \$25, payable
to the order of "Kate Thomas", 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 on the first day.

Thank you for registering!