



Clinic Registration | Audit Form

SECTION A - PARTICIPANT INFORMATION

Clinic Name Clinic Date(s)

Participant/Auditor Name

Street Address

City State Zip

Phone Email

SECTION B - HORSE INFORMATION & EXPERIENCE (Auditors skip to Section C)

Horse's Name Horse's Age Horse's Breed

Years of riding experience What level of rider do you consider yourself?

What show experience do you have, if any (include where and what level)?

What training and show experience does your horse have?

What would you like to gain from this clinic?

What are some of your or your horse's weaknesses?

What disciplines are you most interested (top 2)?

SECTION C - PAYMENT AND FEES

CLINIC PARTICIPATION FEE \$ _____ or AUDITOR FEE \$ _____

STALL FEE \$25/day (if applicable) x _____ = \$ _____

CAMPING FEE \$25/day (if applicable) x _____ = \$ _____

Total Fees \$ _____ Amount Paid \$ _____ Cash Check # _____

*Mail forms and make checks payable to Homestead Stables, PO Box 19, Gerry, NY 14740.
For more information contact Heather Payne at (716)338-9800 or hpayne@heritage1886.org.*

www.HomesteadStables.org