

# Relationship Riding©

## Clinic Registration Form

Date of clinic:	
Participant with horse <input type="checkbox"/>	\$190 + gst = \$199.50 <input type="checkbox"/>
Spectator <input type="checkbox"/>	\$35 + gst + \$35.75 <input type="checkbox"/>
<i>Please make cheques payable to "Relationship Riding". Contact us if you wish to pay by VISA. Payments must be included with registration form in order to reserve your spot.</i>	

Name of Participant:	
Address:	
Tel number: (H)	(W): (C):
Email address:	
Do you ride:	bitless <input type="checkbox"/> treeless <input type="checkbox"/> barefoot <input type="checkbox"/> Western <input type="checkbox"/> English <input type="checkbox"/>

Name of Horse:	
Breed:	Age:
Gender:	Level of training:
<i>Vaccinations must be up to date. Please include proof of vaccination with your registration form.</i>	

### Goals and Expectations:

Please give us a brief outline of what your goals and expectations are for this clinic, as well as a brief resume of your riding experience.

---

---

---

---

---

---

---

---

If you require any further information, call us at 403.932.1241 or email [barb@relationshipriding.com](mailto:barb@relationshipriding.com)

Send registration form and payment to:

Relationship Riding  
Site 7 Box 29 RR 1  
Cochrane, Alberta T4C 1A1