



# 2020 Registration Form



Name \_\_\_\_\_

DFNHC Membership # (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Email: \_\_\_\_\_ Phone# \_\_\_\_\_

I am registering for the following clinic(s)

1. \_\_\_\_\_ Cost: \_\_\_\_\_

2. \_\_\_\_\_ Cost: \_\_\_\_\_

3. \_\_\_\_\_ Cost: \_\_\_\_\_

4. \_\_\_\_\_ Cost: \_\_\_\_\_

Total: \_\_\_\_\_

\* all clinic fees are including HST

Tell me a little about your horsemanship.

Ground Skills \_\_\_\_\_

Riding Skills \_\_\_\_\_

*Horses teach us to hear what isn't said.....are you listening?*

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Office Information