

Freedom Farm Clinic Registration

Clinic _____ **Dates** _____

Your Name _____ Gender _____ Age _____

Address _____

Phone / Cell _____

E-mail _____

Riding Ability

___ Beginner (Less than 1 year)

___ Intermediate (Less than 5 years)

___ Advanced (5 years or more always learning)

Horsemanship issues you would like to work on:

Horsemanship questions you would like to hear discussed:

Fees

Participant _____ days @ \$ _____ = _____

Auditor _____ days @ \$30 = _____

Number of paddocks _____ _____ days @ \$20 = _____

Campsite (dry) _____ days @ \$15 = _____

RV Site (power only) _____ days @ \$30 = _____

Haul-in Facility Fee _____ days @ \$15 = _____

Total _____

Less Deposit _____

Balance Due _____