

WORKING EQUITATION CLINIC

PARTICIPANT REGISTRATION

PARTICIPANT INFORMATION

Name:

Date:

Phone:

Email:

CLINIC OPTIONS

OPTION	PRICE	SATURDAY	SUNDAY	SELECT
Clinic Participation	\$200	☐	☐	choose day ↑
Outdoor Pen	\$25			☐
Dry Camping	\$25			☐
Lunch	\$15			☐
Audit Only	\$50	☐	☐	choose day ↑

LEVEL SELECTION

Select Your Level (1 = Introductory · 7 = Masters)

Level 1

☐

Level 2

☐

Level 3

☐

Level 4

☐

Level 5

☐

Level 6

☐

Level 7

☐

PAYMENT SUMMARY

Options Selected:

TOTAL DUE:

ADDITIONAL NOTES / SPECIAL REQUESTS

AGREEMENT & SIGNATURE

By signing below, I acknowledge that I have read and agree to all clinic rules, and I release the organizers from any liability. Participation is at my own risk.

Signature:

Date: