

Application Form – Horse Clinics at The Icelandic Horse Farm 2011

Send form to: The Icelandic Horse Farm, 5435 Rochdell Rd, Vernon BC V1B 3E8
Phone 1-800-255-2336 or (250) 545-2336 fax (250) 545 9116 e-mail touch@shaw.ca
or register online: <https://www.cartserver.com/sc/securepage.cgi?icefarm.com/Horseregistration.htm>

I would like to sign up for the following training(s):

Date: _____ Clinic description: _____

Name: _____ Date: _____

Address _____ City _____

Province/State _____ Zip/ P.C. _____ Phone _____

A \$75.00 non-refundable, non-transferrable deposit is required to reserve a space. See cancellation policy.

Make cheques or money orders payable to TTEAM or Icelandic Horse Farm.

Or pay by Visa or MasterCard.

I have enclosed a cheque to cover the full amount due. **Yes**___ **No**___

or

I have enclosed a cheque for the deposit and a second dated _____ to cover the balance. **Yes** ___ **No** ___ or

The full amount due for the clinic may be charged to my credit card now. **Yes**___ **No**___ or

The non-refundable deposit of \$75.00 may be charged to my credit card now and the balance will be deducted from my card 30 days prior to the start of the clinic. **Yes** ___ **No** ___

Visa/MC _____ expires _____ CVV no. _____

Credit card billing address (if different from above): _____

City _____ Prov/State _____ PC/Zip _____

Name on card _____ Signature _____

Are you bringing a horse to the workshop?

Name: _____ Age: _____ Sex: _____ Breed _____

Does your horse have issues you would like to address? _____

What level of rider would you describe yourself as _____

Accommodation: I will arrange accommodation - on my own _____

or at Barbara Owen's house _____

or other _____

Do you have any **dietary requirements**? _____ If so, please specify

Arrival: Are you flying or driving? _____

Date and time of arrival _____