

Application Form – Companion Animal Clinics at The Icelandic Horse Farm 2010

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 sign up on-line <https://www.cartserver.com/sc/securepage.cgi?icefarm.com/TTACTregistration.htm>

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

Date: _____ Clinic description: _____

Name: _____ Date: _____

Address _____ City _____

Province/State _____ Zip/ PC _____ Phone _____

A \$210.00 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 deposit of \$210.00 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 dog to the workshop?

Name: _____ Age: _____ Sex: _____ Breed _____

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

Accommodation- I will arrange accommodation - on my own _____

or at one of the B & B's _____

or other _____

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

Arrival: Are you flying or driving? _____

Date and time of arrival _____