

# Application Form – Horse Clinics at The Icelandic Horse Farm 2017

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](mailto:touch@shaw.ca)

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 the Riveroak house \_\_\_\_\_

or other \_\_\_\_\_

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

**Arrival:** Are you flying or driving? \_\_\_\_\_

Date and time of arrival \_\_\_\_\_

Any other comments \_\_\_\_\_