Application Form – Clinics at *The* Icelandic Horse Farm 2018

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 <u>ttouch@shaw.ca</u> or <u>register online</u>.

I would like to sign up fo	or the following training(s):		
Date:	Clinic description:		
Name:			
Address		City	
Province/State	PC/Zip	Phone	
training, a refund will b than 30 days prior to th each event for which yc	e given minus a \$100 admi e start of the training. We ou register. y orders payable to TTEAN	or cancellations made more that histration fee. No refunds are p recommend that you purchase or Icelandic Horse Farm.	ossible for cancellations less

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 \$200.00 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	Province/State	PC/Zip)		
Name on card	Signature				
Are you bringing an animal to the workshop? Yes	No				
Name: Age:	Sex:	Breed			
Does your animal have issues you would like to ad	dress?				
If you are attending a horse clinic , describe your ri Accommodation: I will arrange accommodation: o or other	on my own	or at the River			
Do you have any dietary requirements ? If so, please specify					
Arrival: Are you flying or driving? Date and time of arrival					
Any other comments					