

Stock Horse of Wisconsin S.H.O.W.

Idlewild Farms

CLINIC REGISTRATION

I wish to reserve a spot in the following clinic. I have enclosed the required deposit as listed on the S.H.O.W. website. I understand that if I am unable to attend the clinic, my deposit may not be refundable if the clinic spot is not filled.

Clinician _____

Dates/Times Attending _____

Today's Date: _____ Deposit \$ _____

Please make your deposit check payable to S.H.O.W. (Stock Horse of Wisconsin) and mail to:

Stock Horse of Wisconsin · P.O. Box 866 · Sturgeon Bay, Wisconsin 54235

Any questions regarding any of the clinics, please call the Clinic Coordinator listed on the 2015 Clinic flier at www.stockhorseofwisconsin.com Click on "EVENTS", click on "CLINICS". Negative Coggins is required. Contact Wendy Woldt if you wish to reserve a stall for your horse.

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Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____

Email: _____

Office Use: Check # _____ Money Order