

## 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 and mail to: Stock Horse of Wisconsin · Any questions regarding any of	P.O. Box 866 · Sturg	geon Bay, Wiscon	sin 54235
on the 2020 Clinic flier at www.	• •		
click on "CLINICS". Negative Co	oggins is required. C		
wish to reserve a stall for your l			
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Name:			
Address:			
City:			
Phone:			
Email:			
Office Use:	□ Money Order		