



Relationship Riding Series 2012 Registration Form

Date of clinic: May 5, 12, 19, 25 <input type="checkbox"/>		June 9, 16, 23, 30 <input type="checkbox"/>		July 7, 14, 21, 28 <input type="checkbox"/>	
Participant with horse	<input type="checkbox"/>	\$375 + gst = \$393.75	<input type="checkbox"/>		
Spectator	<input type="checkbox"/>	\$25 + gst = \$26.25	<input type="checkbox"/>		
<p><i>Please make cheques payable to "Relationship Riding". Contact us if you wish to pay by VISA. A 50% non-refundable deposit is required to secure your space and the balance paid in full prior to the start of the workshop.</i></p>					

Name of Participant:										
Address:										
Tel number: (H)		(W):		(C):						
Email address:			Level of riding:							
Do you ride:	bitless	<input type="checkbox"/>	treeless	<input type="checkbox"/>	barefoot	<input type="checkbox"/>	Western	<input type="checkbox"/>	English	<input type="checkbox"/>

Name of Horse:	
Breed:	Age:
Gender:	Level of training:
<p><i>ALL vaccinations must be up to date. Please include proof of vaccination with your registration form.</i></p>	

INTERNATIONAL EQUITATION CENTRE

Goals and Expectations:

Please give us a brief outline of what your goals and expectations are for this clinic, as well as a brief resume of your riding experience.

If you require any further information, call us at 403.932.1241 or email barb@relationshipriding.com

Send registration form and payment to:

Relationship Riding
Site 7 Box 29 RR 1
Cochrane, Alberta T4C 1A1

In the case of cancellation, your deposit can only be refunded, less 10% administrative fee, should a replacement be found to fill your space.