

Equine Training Consulting

Horse and Rider Monthly Workshop

Registration Form

Thank you for registering! This form plus your entry fee is required to be registered for your session(s). I look forward to having you and together we will make this a memorable learning experience for you and your horse!

Entrant Name _____ Rider over 18 yrs of age? Yes ☐ No ☐
 Address _____
 City, State, Zip _____
 Phone _____ Text Messages Ok? Yes ☐ No ☐

Emergency Contact _____
 Name _____ Phone Number _____

Horse's Name _____ Breed _____ Age _____

What would you like your personalized workshop to focus on?

Please check which date(s)
you are pre-registering for:

No Horse? Come audit and learn!!

Auditors please contact me for ride times so you don't miss any of
the fantastic learning opportunities!

11/17/18	<input type="checkbox"/>	2/16/19	<input type="checkbox"/>
12/15/18	<input type="checkbox"/>	4/13/19	<input type="checkbox"/>
1/12/19	<input type="checkbox"/>		

Individual Ride Times to be scheduled first come, first serve
 Contact Karin to reserve your spot or to check audit times!

Workshop Fee	<input type="checkbox"/>	X	\$60.00	=	<input type="text"/>
Auditor (\$5 for 4H children)	<input type="checkbox"/>	X	\$10.00	=	<input type="text"/>
Day Stall**	<input type="checkbox"/>	X	\$10.00	=	<input type="text"/>
Overnight Stall**	<input type="checkbox"/>	X	\$20.00	=	<input type="text"/>
TOTAL AMOUNT DUE					<input type="text"/>

Please return completed form to the address below with your payment
 (check or money order payable to Equine Consulting Biz LLC)

Karin Bielefeld, 4089 Medical Park Drive #34, Watervliet MI 49098

Questions? 269-470-5007

** Limited stall space available, please contact me! (Stalls are not required)