



CLINIC REGISTRATION FORM

Sandy Ferrell

July 11-12, 2015

Lakeside Arena, Frankfort

Please fill out this form completely.

Name _____

Address _____

Phone number _____

Email _____

Are you a KHJA member? _____

Name of horse being ridden in the clinic _____

Circle the division you would like to be in (*choose only one*).

Under 2'

2'3" – 2'6"

3'

3'6" and bigger

Do you need a stall? (additional \$55) _____

Fee:

\$300 for the two-day clinic (includes one auditor)

\$50 nonrefundable deposit required to reserve a spot, which must be received by June 25

Balance must be received by July 8 to participate in clinic. Make all checks payable to KHJA.

Return form and payment to:

Joyce Brinsfield
320 Pinckard Pike
Versailles, KY 40383
jbballyhigh@aol.com