

Susan Harris Centered Riding Clinic

With Anatomy In Motion Workshop

Registration Form

General Information:

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: (_____) _____

E-Mail: _____

Emergency Contact Information:

Who should we contact in case of emergency? _____

Contact's phone number(s): _____

Anatomy In Motion/Visible Horse Workshop Only

Friday, May 18, 2012 12:00—5:00 P.M.

_____ \$25 Early Registration before April 15th

_____ \$30 Registration after April 15th

2 Day Centered Riding Clinic

Saturday, May 19 & Sunday, May 20, 2012 9:00 A.M.—4:00 P.M.

_____ \$275 Early Registration before April 15th

_____ \$300 Registration after April 15th

Auditors Welcome

_____ \$30 per day

Please specify days you are planning to attend:

_____ Friday, May 18 _____ Saturday, May 19 _____ Sunday, May 20

Overnight Stabling: \$50 per day _____ Friday, May 18 _____ Saturday, May 19

No Fee for Haul-in

Make checks payable to **Helping Hands Therapeutic Riding Center** and mail along with this form to:

HHTRC 32808 East Stringtown Rd., Greenwood, MO 64034

____ I understand that a signed HHTRC Liability Release will be required to participate in the clinic.

-Negative Coggins required; ASTM approved helmet required for riding

Helping Hands Therapeutic Riding Center

32808 East Stringtown Rd., Greenwood, MO 64034 Vickie@hhtrc.org 816-759-0111 www.hhtrc.org