



**CLAUDIA COJOCAR
CLINIC SERIES 09 / 10
REGISTRATION FORM**

Please circle **Nov. 21-22 ~ Jan 23-24 ~ Feb 20 -21**

Name: _____ HCBC, EC, OR USEF # _____ AGE IF JR. _____

Address: _____

Contact #: _____ Fax: _____ Email: _____

Horse's name: _____ Age: _____ Sex: _____

Preferred group: (2'6"-2'9") _____ (3'0" - 3'3") _____ (3'6"- 3'9"+) _____

What you like to accomplish? _____

- Clinic price : \$252.00 (240.00 +gst)
- Stabling: \$30.00 per night (how many nights _____)
- Cleanout fee: \$15.00 (refundable)

Please pay in full to secure a spot (first come~ first placed)

Please mail cheques to: **Northlands Equestrian Centre Ltd.**

15213 Harris Rd. Pitt Meadows BC V3Y 1Z1

(SORRY NO VISA OR DEBIT)

For more Information: Please contact ~ Alycia Hayes

604-465-5885 ~ go4gold@telus.net –

