



MIKENDA FARM



4740 LAZY H LANE CHRISTMAS, FL 32709

www.mikendafarm.com (407) 568-8418

HORSEMANSHIP CLINIC REGISTRATION FORM NOVEMBER 30, 2008 2-5 PM MIKENDA FARM

A completed Equine Professional Release form must accompany this registration form.

PARTICIPANT'S NAME _____

ADDRESS _____ **CITY** _____ **ZIP** _____

DAYTIME PHONE# _____ **EVENING PHONE#** _____ **EMERGENCY#** _____

HORSE'S NAME _____ **AGE** _____

WHAT IS YOUR EXPERIENCE AROUND HORSES:

WHAT DISCIPLINE DO YOU NORMALLY DO WITH YOUR HORSE

WHAT WOULD YOU LIKE TO LEARN TO DO WITH YOUR HORSE:

WHAT AREAS WOULD YOU LIKE TO SEE COVERED AT THIS CLINIC:

LIST ANY HEALTH PROBLEMS/ CONDITIONS FOR YOU OR YOUR HORSE THAT SHOULD BE NOTED:

The cost of the clinic is \$50 to attend the clinic with your horse or \$60 if you would like to use a Mikenda Farm horse. Please indicate below:

_____ \$50 own horse _____ \$60 Mikenda Farm horse _____ \$10 audit only

If using a Mikenda Farm horse please list the name of the horse you would like to use when filling out the horse information above. Each paid participant can bring one person to audit for free. You will receive a ticket to give that person for admission once your registration fee is paid.

The clinic will cover areas such as, grooming, anatomy, ground work, wound care, round pen work, saddle fit, balance, dealing with the spooky horse, handling the gate or barn sour horse, and many more.

The clinic hours are 2pm-5pm.. Concessions will be available afterwards with the proceeds to benefit Relay for Life. Anyone can audit the clinic for \$10 per person paid in advance or the day of the clinic. Mikenda Farm will be donating all of the proceeds from those auditing the clinic to Relay for Life.

COMPLETED REGISTRATION FORMS DUE BY NOVEMBER 28, 2008 TO INSURE YOUR SPOT IN THE CLINIC. PLEASE MAKE CHECKS PAYABLE TO MIKENDA FARM

PARTICIPANT'S SIGNATURE

DATE

