
Horse Clinic Registration Form

Tracy Romohr

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Phone: (513) 560-7601

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Personal Information

* Denotes required information

*Name: _____

*Street Address: _____

*Mailing Address: _____

*City: _____ *State: _____ *Zip: _____

*Home Phone: _____ *Business Phone: _____

*Cell Phone: _____ Email Address: _____

Natural Horsemanship II Clinic

The Land of Longer Lines and Riding Patterns for Communication

TWO-DAY CLINIC

May 15 & 16, 2010

9 am – 4 pm / each day

Location of Clinic: Happenstance Stables

22126 Sycamore Road, Midland, Ohio 45148

\$200 Registration Fee / \$100 *non-refundable deposit* / Balance due prior to start of clinic

*Make check payable to: Tracy Romohr

Arena Fee: \$35 due at registration

*Make checks payable to: Happenstance Stables

Stall Fee: \$20 / RV Hookup (water & electric): \$20 /per night

*Make checks payable to: Happenstance Stables

Check all that apply:

Stall Required RV Hookup Required

*Mail all checks & registration form to address at top of form. Lunch will not be provided so please bring a sack lunch.

Emergency Contacts

Name: _____ Relationship: _____

Telephone: _____ Address: _____

Name: _____ Relationship: _____

Telephone: _____ Address: _____