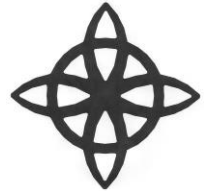




# Wildwood Farm Equine Center, LLC

124 Holcomb Road, Port Crane, NY 13833

Presents



## Sport Horse Handling Clinics

### Phil Silva of Ten Broeck Farm

Saturday~May 21<sup>st</sup>, 2016 • Sunday~May 22<sup>nd</sup>, 2016

~all levels welcome~

#### PARTICIPANT REGISTRATION

Sat May 21<sup>st</sup>     Sun May 22<sup>nd</sup>

|  |              |  |                 |
|--|--------------|--|-----------------|
| NAME OF PARTICIPANT  |              |  |                 |
| ADDRESS  |              |  |                 |
| CITY   |              | STATE  | ZIP             |
| PHONE/CELL   |              | EMAIL  |                 |
| PARENT (if under 18)   | Contact Info | PARENT Signature   |                 |
| HORSE NAME   |              |  | AGE    SEX      |
| BREED  |              | Day Stabling is included in Clinic fee. Overnight Stabling is available at additional charge. Please specify when you plan to arrive and depart: |                 |
| MUST HAVE CURRENT COGGINS  |              |  |                 |
| EMERGENCY CONTACT  |              | PHONE  | CELL            |
| Total number of Horses (one page per horse&handler combo) _____  |              | <b>Clinic Fees</b>   | <b>Total \$</b> |
| Overnight Stabling (number of horses x number of nights) _____   |              | \$130.00/horse/day   | \$              |
| Total number of Participants _____   |              | \$10.00/horse/night  | \$              |
|  |              | \$10.00/person/day (lunch)   | \$              |
|  |              | <b>GRAND TOTAL</b>   | <b>\$</b>       |
| *non-refundable deposit of \$100/horse/day required with clinic registration with balance due the day of the clinic* |              |  |                 |

#### AUDITOR REGISTRATION

Sat May 21<sup>st</sup>     Sun May 22<sup>nd</sup>

|   |              |                  |                 |
|---|--------------|------------------|-----------------|
| NAME OF AUDITOR   |              |                  |                 |
| ADDRESS   |              |                  |                 |
| CITY  |              | STATE            | ZIP             |
| PHONE/CELL  |              | EMAIL            |                 |
| PARENT (if under 18)  | Contact Info | PARENT Signature |                 |
| Auditing Fees \$20/person (includes lunch when preregistered) |              |                  | <b>Total \$</b> |

Make checks payable to:

Wildwood Farm Equine Center, LLC

Send registration and payment to: Lauri Burnley, 124 Holcomb Road, Port Crane, NY 13833

Contact and Info: [info@wildwoodfarm-ny.com](mailto:info@wildwoodfarm-ny.com) ~ [www.WildwoodFarm-NY.com](http://www.WildwoodFarm-NY.com) ~ 607-693-5091 (farm) ~ 607-759-0367 (Lauri's cell)

**Please provide a brief background on each participant/horse:**

*For example, what is your experience, if any, with breed shows? What are your goals with your horse?  
List anything specific that you would like to work on during the session. All levels are welcome.*