

# **WENDY POTTS CLINIC REGISTRATION** **FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (C) \_\_\_\_\_

**Attending with horse \_\_\_\_\_ @ \$500.00**

Registration is limited to 10 horses.

Payment in full of \$500.00 must be received by Feb 15, 2010.

Spots will be reserved on a first come first served basis. Please

indicate if you are bringing a stallion. Horses must have

Coggins and rabies vacc. valid within 1yr.

Registration is non-refundable

**Attending as an auditor \_\_\_\_\_ @ \$50 one day**  
\_\_\_\_\_ @ \$70 both days

No limit is set for the number of auditors.

Pre-registration for those wishing to audit appreciated

Please forward registration and payment to  
Tara Porter  
53 Hammond Road  
Brantford, Ontario N3T 5L4