



HEATH MARSHALL HORSEMANSHIP

Registration For Horsemanship Clinic (please print)

Name: _____

Address: _____

Phone: _____

Please check one:

1 Day Clinic - \$150.00

2 Day Clinic - \$250

Riding Ability:

How many times do you ride your horse in:

_____ Beginner

_____ A week

_____ Intermediate

_____ A Month

_____ Advanced

_____ A Year

Are there any specific Behavior Problems that your horse has?
(Head shy, spooky, trailer loading, handling of feet, etc.)

Please explain so they can be addressed during the clinic.

Please complete this form and mail it with your check or money order to the address below.
If paying with credit card online, please include the above information in an email to
htmar@earthlink.net



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