

***CEDAR PEAKS FARM***  
**CLINIC REGISTRATION FORM**

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Clinic Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Rider's Name: \_\_\_\_\_ Riders Age: \_\_\_\_\_  
Horse's Name: \_\_\_\_\_ Horse's Age: \_\_\_\_\_  
Level of Rider: \_\_\_\_\_ Level of Horse: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact: Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

How did you hear about this clinic? \_\_\_\_\_

Please tell us your goal or specific issues with your horse that you would like to accomplish or resolve during the clinic.

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**Conditions and Fees:**

Fee for the clinic is payable in full upon registration. If you need to cancel, your fee will be refunded if we can re-fill your spot, less \$25 administration fee. A fee for auditing may apply. GST applies to all fees. Limited stabling is available at \$30 per day. Negative coggins required. Please contact Anne Zander at Cedar Peaks Farm in Cookstown, Ontario at (705) 458-9293 with any further questions.

\_\_\_\_\_  
Signed, Owner of Horse

\_\_\_\_\_  
Signed, Rider of Horse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian