

This form must be completed and signed along with your payment to reserve a space in the clinic for you and your horse. Registration is on a first-come, first served basis. If a class is full your name will be added to the waiting list.

Natural Horsemanship Clinic with Clinician Morgan Dillard Harris Carolina Horsemanship Inc

Name: (Please Print) _____

Address: _____

City, State, Zip: _____

Phone: (Day) _____ **(Night)** _____ **(Cell)** _____

email: _____

Clinic Location: _____ **Date of Clinic:** _____

Horse's Name: _____ **Horse's Breed/Age** _____

Amount of Check or Money Order Enclosed _____

To secure your spot in the clinic, fill out this registration form and include your clinic fee (check or money order) payable to:

Carolina Horsemanship Inc, 367 Dillard Rd, Warrenton, NC 27589

Refunds for cancellations (less \$50 administrative fee) only available when replacement can be found for registered participant

Questions: Please contact Morgan at 919-414-5233