

**CLINIC - REGISTRATION FORM**

Saturday, April 30 (1pm-5pm) and May 1, 2016 (9am-2pm)

**Clinic Fee:** \$125 check made payable to Belle Grey Farm

Belle Grey Farm  
21440 Belle Grey Lane  
Upperville, VA 20184

540-592-3462 (office- messages only)  
703-774-4688 (Heather Briggs – cell)  
admin@bellegreyfarm.com

**Preferred Day (circle 1)-** Saturday or Sunday

**Whip Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Emergency Contact and PH Number:** \_\_\_\_\_

**CDE Experience:** \_\_\_\_\_ YES \_\_\_\_\_ NO **Level:** \_\_\_\_\_

**Navigator Name:** \_\_\_\_\_

**Emergency Contact and PH Number:** \_\_\_\_\_

**CDE Experience:** \_\_\_\_\_ YES \_\_\_\_\_ NO **Level:** \_\_\_\_\_

**Horse Name(s) and Age(s):** \_\_\_\_\_

\_\_\_\_\_

**CDE Experience:** \_\_\_\_\_ YES \_\_\_\_\_ NO **Level:** \_\_\_\_\_

Please describe what you wish to accomplish or work on with Marco during your session:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE BRING A CURRENT COGGINS FOR EACH HORSE**

