

Trotting Your Way

2011 Classroom Clinic Request Form

Please complete the form to verify participation on date(s) chosen. Mail to:
Trotting Your Way, 613 Hillcrest St, West Bend, WI 53095.

Participant Name _____

Address _____

E-mail _____ Phone(H) _____

(C) _____

Session Date(s) _____ \$55.00 each

_____ Number of sessions x \$55.00 = total amount \$ _____ .00

Full amount is due three weeks prior to Session Date. Please make check payable to *Trotting Your Way*.

No shows are non-refundable. Emergency cancellations may be applied towards another Classroom Clinic. Refund requests will be handled on a case-by-case basis. There will be a \$30.00 NSF fee for any returned checks.

