



*Pine Knoll Center
for Integrated Horsemanship*

Clinic Registration Form

Please fill out the following information:

Clinic Name: _____ Date: _____

For which services would you like to sign up? (*Riding/Studio/Lecture/Audit/etc*) _____

Total cost of services: (*if you know it*) _____

Do you have any gift certificates? If so, for how much? _____

Participant Name: _____

Full Mailing Address: _____

Phone Number: Home _____ Cell _____

Horse Name: _____ Age: ____ Breed: _____

Have you been to Pine Knoll before? When? _____

How did you learn of this clinic? _____

Please fill out the registration and send in along with your horse's current negative Coggins to keep on file. All riders will also need to fill out an annual Release and Hold Harmless form. If you have questions, please call 859.253.6838 or email pineknollfarm@aol.com.

All checks should be made out to **Pine Knoll Farm** and mailed to:

**P.O. Box 75
Bryantsville, KY 40410**