

Josette Conti Reining Horse Workshops

A completed Clinic Application is required for each person to sign up for clinic as a Participant or as an Auditor.

Emails and phone calls do not constitute acceptance into any clinic.

First Come – First Serve. Copy of coggins must accompany final or full payment.

AVAILABLE DATES – PLEASE CIRCLE YOUR DESIRED DATE

May 25, 2013

June 22, 2013

July 20, 2013

August 17, 2013

		<u>FEE</u>	<u>#</u>	<u>TOTAL DUE</u>
Clinic Participants:	AM Session	\$75	_____	_____
Clinic Participants:	PM Session	\$75	_____	_____
Auditors		\$30/day	_____	_____
Stalls		\$30/per night	_____	_____
Accommodation Request	Single @ \$50/night		_____	_____
	Couple @ \$75/night		_____	_____
Camper Hookup Request	30 amp @ \$20/night		_____	_____
	50 amp @ \$30/night		_____	_____

Please Print

NAME: _____ AMOUNT ENCLOSED: _____

ADDRESS: _____ PHONE: _____

_____ HORSE'S NAME: _____

EMAIL: _____

EXPECTED DAY & TIME OF ARRIVAL: _____ DEPARTURE: _____

Please send Clinic Application and Deposit to: Willow Brook Enterprises, Inc
P.O. Box 32
Catasauqua, PA 18032

If participant cancels prior to 30 days before the clinic, they receive a refund of half of their payment. If participant cancels after that time, no money is refunded. In either case, the participant has the option of finding a replacement. If a replacement is found, the participant must inform Willow Brook of the name of their replacement and Willow Brook will apply the initial payment to the replacement. Participant should receive reimbursement for monies paid directly from their replacement.