

# Clay Wright May 12, 13, 14, 2024 3-Day Intensive Clinic Registration Form

**MAY 3-DAY**  
FULL DAY  
HALF DAY  
ADVANCED

**Complete registration online. SAVE your file. Print & mail it with the signed WHMF waiver.**

Name:		Phone:	
Street Address:		City/Zip:	
Email:			
Name of Horse(s):			
Arrival Date:	Time:	/	Departure Date: Time:

## #1 SELECT YOUR CLINIC

<b>Class A – Full Day</b>	8:45 AM – 4:00 PM includes breakfast & presentations	\$750
<b>Class A – Half Day</b>	___ Morning 8:45 AM – 12:30 PM * includes breakfast & presentations	\$375
	___ Afternoon 1:00 – 4:00 PM	\$375
<b>Class B Advanced</b>	4:30 PM – 7:00 PM	\$375

**ENTER SELECTED CLINIC COST: \$**

## #1 AUDITING ONLY

May 12 ___	___ Class A & B Long Day* 8:45 AM – 7:30 PM	\$45/day includes breakfast and presentations
May 13 ___	___ Class A & B Short Day 10:30 AM – 7:30 PM	\$35 for 1 day; \$60 2-day package; \$85 3-day package
May 14 ___		

**ENTER TOTAL COST FOR AUDITING: \$**

## #2 SELECT ADDITIONAL OPTIONS

Stall/Paddock (Self-Care): \$35/horse per day	# of days ___ # of horses ___	\$
<b>Or</b> Haul-In Fee + Day Stall (Self-Care): \$35/horse per day	# of days ___ # of horses ___	\$
Stall Stripping: Stalls must be left clean. Departure day we will strip them for you for \$20/stall		\$
RV Hook-Up (Limited): \$25/night (sorry, no dry camping)	# of nights ___	\$
Bunkhouse Accommodations: \$75/night	# of nights ___	\$
Or Bunkhouse – bring your own pillow/bedding: \$60/night	# of nights ___	\$
<b>ENTER TOTAL COST FOR OPTIONS:</b>		\$

## #3 FULL PAYMENT TOTAL

<b>DEPOSIT: \$200 (non-refundable – due at time of booking)</b>	\$
<b>*** BALANCE DUE BY APRIL 19, 2024 ***</b>	\$

**PAYMENT:** Venmo: Linda-Wagner-48, (pay as “friend”); Zelle: [lindamwags@aol.com](mailto:lindamwags@aol.com) ; CHECKS payable to WHMF  
 Complete this PDF registration form online. SAVE it. PRINT & MAIL it with your deposit/payment check, and the signed WHMF waiver to: WHMF, 36100 NE Wild Horse Mountain Road, Sherwood, OR 97140  
 QUESTIONS? Please contact Linda Wagner at: [lindamwags@aol.com](mailto:lindamwags@aol.com) cell: 503-896-7973



Wild Horse Mountain Farms INC.

<https://wildhorsemountainfarms.com>

### FOR OFFICE USE ONLY:

Deposit: Amount \$ \_\_\_\_\_ Payment \_\_\_\_\_ Date Rec'd: \_\_\_\_\_  
 Full Payment: Amount \$ \_\_\_\_\_ Payment \_\_\_\_\_ Date Rec'd: \_\_\_\_\_

Stall: # \_\_\_\_\_  
 RV: # \_\_\_\_\_  
 Accom: \_\_\_\_\_  
 Waiver: \_\_\_\_\_