Clay Wright March 10 & 11, 2024
2-Day Intensive Clinic Registration Form

MARCH 2-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

Class A – Full Day	8:45 AM – 4:00 PM includes breakfast & presentations	$500
Class A – Half Day	___ Morning 8:45 AM – 12:30 PM * includes breakfast &presentations	$250
	___ Afternoon 1:00 – 4:00 PM	$250
Class B Advanced	4:30 PM – 7:00 PM	$250
	ENTER SELECTED CLINIC COST: $	

#1 AUDITING ONLY

March 10 ___	___ Class A & B Long Day* 8:45 AM – 7:30 PM	$45/day includes breakfast and presentations
March 11 ___	___ Class A & B Short Day 10:30 AM – 7:30 PM	$35 for 1 day; $60 2-day package
	ENTER TOTAL COST FOR AUDITING: $	

#2 SELECT ADDITIONAL OPTIONS

Stall/Paddock (Self-Care): $35/horse per day	# of days ___ # of horses ___	$
Or 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 ___	$
	ENTER TOTAL COST FOR OPTIONS:	$

#3 FULL PAYMENT TOTAL	$
DEPOSIT: $200 (non-refundable – due at time of booking)	$
*** BALANCE DUE BY FEBRUARY 17, 2024 ***	$

PAYMENT: Venmo: Linda-Wagner-48, (pay as "friend"); Zelle: 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 cell: 503-896-7973

Wild Horse Mountain Farms INC. **https://wildhorsemountainfarms.com**