

Clay Wright Nov. 17, 18, 19, 2024 3-Day Intensive Clinic Registration Form

NOV- 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

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

ENTER SELECTED CLINIC COST: \$

#1 AUDITING ONLY

Nov 17 ___	___ Class A & B Long Day* 8:45 AM – 7:30 PM	\$45/day includes breakfast and presentations
Nov 18 ___	___ Class A & B Short Day 10:30 AM – 7:30 PM	\$35 for 1 day; \$60 2-day package; \$85 3-day package
Nov 19 ___		

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 OCTOBER 15, 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>

FOR OFFICE USE ONLY:

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

Stall: # _____
 RV: # _____
 Accom: _____
 Waiver: _____