

Clay Wright Sept. 15 & 16, 2024 2-Day Intensive Clinic Registration Form

SEPT. 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		
Sept. 15	___ Class A & B Long Day* 8:45 AM – 7:30 PM	\$45/day includes breakfast and presentations
Sept. 16	___ 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 AUGUST 23, 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: _____