

Registration form for Ann's Horsemanship Clinics:

Name of Participant; _____

Address: _____ City _____

Postal
code: _____ Phone: _____

Cell: _____

E-mail _____

I wish to attend the following
clinic _____

At _____ Date _____

I am enclosing a cheque for \$ _____ payable to Ann
Turner for this workshop.

Mail to:

Ann Turner

431 Emerald Avenue,

Harrison Hot Springs, BC

V0M 1K0