Clinician:	Bradley Caine	
Date:	Thursday, August 28 th , 2014	
Start Time:	8:00am	
Cost:	\$75.00	
Participant I	nformation	
Name:		
Phone Numb	ber:	
Email:		
	essions: (Please indicate which	group you would like to participate in)
	8am-10am	2'6"-3' Group
	10am-12pm	
	1pm-3pm	2'3"-2'6" Group
	3pm-5pm	Open Group
Mail Form a	llong with payment to:	
AGS 11026 Sinep Berlin, MD		

Entry form can also be faxed to 410-641-0723 or emailed to

autumngrovestables@yahoo.com