

Jean Luc Cornille Clinic
Registration Form For Riders & Auditors

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Special Requests: _____

Please indicate your Participation & Requested Days

_____ Rider _____ Saturday _____ Sunday

_____ Auditor _____ Saturday _____ Sunday

\$350.00 Clinic Ride

\$40.00 Auditor/1 Day

\$80.00 Auditor/2 Days

Please make check or money order payable to Kinship With Horses.
Mail your completed Registration Form, Liability Waiver and payment to:

Gail Pearles
Attn: Jean Luc Cornille Clinic
9324 North Otto Road
Cattaraugus, New York 14719

*Rider Reservations are confirmed upon receipt of payment in full. Please return this form promptly as we are likely to have a waiting list for riders. Rider reservation deadline is **April 1.** Auditor reservation deadline is **May 1.** Auditor space is limited. Light breakfast and beverages are included in rider and auditor fees. If our clinic is cancelled due to weather, we will reschedule at a later date. Riders, if you cancel for any reason, refunds are only provided if your slot can be filled.*

Questions? 716-982-5180
email: gailpearles@yahoo.com

For Office Use:

Date App Rec'd _____

Amount Rec'd _____

Check # _____