

LKHORSESENSE GROUNDWORK CLINIC

June 1 – 2, 2019

Auditor Registration Form – *please print clearly*

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email address: _____

Auditing Fees - \$40.00 for two days or \$25.00 for one day

Please indicate below the day(s) you would like to audit:

_____ both days _____ Sat. only _____ Sun. only

Walk-ins for auditing are always welcome, but pre-registration is **highly** recommended.

No Dogs Allowed

Contact Person – Suzi Fillinger © (315)256-8252 email – suzifilly@gmail.com

Taylor Dowd © 269-447-4235 website: trilliumstablesinc.com

Checks made payable to: Trillium Stables Inc.

Form & payment can be sent to:

Trillium Stables Inc.
2096 Berwyn Rd
Lafayette, NY 13084