

RONNY RIEMER CLINIC

August 23 – 25, 2019

Auditor Registration Form – *please print clearly*

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email address: _____

Auditing Fees - \$60.00 for three days or \$25.00 for one day

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

_____ all three days
_____ Fri. only _____ 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

Checks made payable to: Trillium Stables Inc.

Form & payment can be sent to:

Trillium Stables Inc.
2096 Berwyn Rd
Lafayette, NY 13084