



Application Form

(One form per person please – Photocopy if necessary)

NAME: _____

ADDRESS: _____

PHONE: (Home) _____

(Cell/Work) _____

Please check the clinic(s) you wish to register for:

Equine Massage \$35 ___ 9-5 pm
(Sat, May 1)

Bits and Spurs \$12 ___ 7-9 pm
(Thurs, April 8)

Horsemanship & Equitation \$50 ___ 6-7 pm ___ English
(May 11, 18, 25, June 1) ___ 7-8 pm ___ Western

Horsemanship & Trail \$50 ___ 9-5 pm
(Sat, June 12)

Age Category: ___ Youth ___ Adult

Rider Experience:

- ___ Beginner
- ___ Novice
- ___ Intermediate
- ___ Advanced



Horse Experience:

- ___ Beginner
- ___ Novice
- ___ Intermediate
- ___ Advanced



Cheques payable to: **Vermilion Agricultural Society**. Please write separate cheques for each clinic, as they will be cashed at the start of the clinic. Applicants will not be registered until payment is received. Please mail application and full payment, two weeks prior to clinic, to:

Kim Eremko
Box 3757
Vermilion, AB
T9X 2B7

*****Fees will not be refunded if cancellation is less than two weeks prior to the clinic. Fees will be refunded upon receipt of a medical or veterinarian certificate***