



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip  
Code: \_\_\_\_\_

Email  
address: \_\_\_\_\_

Home  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Horse's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Breed: \_\_\_\_\_

Sex: Stallion    Mare    Gelding

What level are you currently  
schooling? \_\_\_\_\_

What level are you  
showing? \_\_\_\_\_

What would you like to work on during the  
clinic? \_\_\_\_\_

---

Please mail this form along with a check made out to Course Brook Farm to :

Jan Conlon clinic: 45 minutes \$80, 60 minutes \$95

Rica Trujillo

221 Washington St

Sherborn MA 01770