



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