



**Registration Form for Clinics and Courses**

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

Address \_\_\_\_\_  
\_\_\_\_\_

City

State

Zip

Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency contact \_\_\_\_\_

Horse's Name: \_\_\_\_\_ (No stallions allowed)

**Clinic/Course Date** \_\_\_\_\_

Location: \_\_\_\_\_

Full Price \_\_\_\_\_

Clinics/Courses require **\$100** non-refundable deposit to hold a position.

**A 50% deposit is due 5 months before. The balance is due 4 weeks before.**  
**\*\*please note these dates can change, check with your clinic host to confirm.**

**Paying with PayPal is also an option. Please contact**  
**[createunity@earthlink.net](mailto:createunity@earthlink.net) if you are interested.**

**Facility**

Please check clinic/course details for pricing of arena and stalls. It will vary depending on location. Unless specified please bring your own shavings, hay, grain, and buckets.

Please pay the facility directly for arena use and stalls.

**Please make check payable to TED,LLC.**

**Mail to: Cathy Brimhall P.O. BOX 840 EAST HELENA, MONTANA  
59635**

***Cancellation policy: All will be handled on a case by case basis. In the case of alternate clinic availability, money can be moved to new date/location. All credits must be used within (1) year of payment.***

***I(participant)\_\_\_\_\_understand and agree to  
the cancellation policy.***

***Signed\_\_\_\_\_Date\_\_\_\_\_***

*Aimee Brimhall McCord*

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