**Balimo Seat Clinic**

**Auditor Registration Form**

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

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

**Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Jr/YRider Coach** **AA**

**Auditors are encouraged to participate with questions and appropriate comments to the clinician.**

**Auditor Fee “Early Bird”**

 **½ Day……………………………….$15.00**

 **Full Day…………………………..$40.00 (lunch included)**

 **Saturday, March 1**

 **Sunday, March 2**

 **Both Days**

**Auditor Fees on the day of the event will be:**

 **½ Day………………………………..$20.00**

 **Full Day……………………………..$50.00 (lunch included)**

**Total Auditor Fees:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Payment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please forward your completed Auditor Registration Form with all fees by

**Friday, February 14, 2014.** **Please make cheques payable to “Stone Haven Farm Dressage”. Mailing address is 551 Bolton Rd. RR#3 Merrickville ON K0G 1N0**. Payment can also be made by completing and scanning/e-mailing the appropriate form and sending an Interac e-transfer of all applicable fees to cathrynraehoffman@gmail.com. Confirmation of fees received will be sent to all participants via their e-mail address.