

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.