

**Cara Whitham Spring Clinic
April 4, 5 & 6, 2014**

Auditor Registration Form

Name: _____

Address: _____

Telephone: _____ Cell: _____

E-mail: _____

Jr/YRider Coach AA Judge

Auditors are encouraged to participate with questions and appropriate comments to the clinician. Cara will incorporate auditor's questions and comments into her discussion.

Auditor Fee "Early Bird"

½ Day.....\$20.00
 Full Day.....\$50.00 (lunch included)
 Saturday, April 5 Sunday, April 6
 Both Days

Auditor Fees on the day of the event will be:

½ Day.....\$30.00
 Full Day.....\$60.00 (lunch included)

Total Auditor
Fees: _____
Total Payment: _____

Clinic Hours: 8:30-11:45 morning and 1:00-4:15 afternoon

**PLEASE NOTE THAT CLINIC WILL TAKE PLACE AT
TOP RIDING EQUESTRIAN CENTRE, 2180 RIVER RD, KEMPTVILLE**

Please forward your completed Auditor Registration Form with all fees by **Friday, March 21, 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.