



*Pine Knoll Center
for Integrated Horsemanship*

Clinic Registration Form

Please fill out the following information:

Clinic Name: _____ Date(s): _____

Will you be participating or auditing? _____

Do you require stabling? (\$25/night) _____

Total cost of services: (if you know it) _____

Do you have any gift certificates? If so, for how much? _____

Participant Name: _____

Full Mailing Address: _____

Phone Number: _____ Email: _____

Horse Name: _____ Age: ___ Breed: _____

Have you been to Pine Knoll before? When? _____

How did you learn about this clinic? _____

Additional comments: _____

Please fill out this registration form (and any other applicable forms) and send it in prior to the clinic. Those participating in equine activities will also need to send in our annual Release and Hold Harmless form and your horse's current negative Coggins to keep on file. Riders may be asked to wear a helmet. Please no pets. If you have any questions or concerns, please call 859.253.6838 or email pineknollfarm@aol.com. All checks should be made out to **Pine Knoll Farm** and mailed to:

**1101 North Yarnallton Pike
Lexington, KY 40511**