

Christa Petrillo

Total Horsemanship Training Clinic Registration

Name: _____

Address: _____

Phone: _____

E-Mail: _____

Clinic date you would like to register for: _____

I would like to audit a clinic

I would like to ride in a clinic

If you wish to ride in a clinic please fill out the following information:

Horse's name: _____

Breed: _____

Age: _____

Briefly describe any previous training your horse has experienced and that you have experienced:

Are there specific issues that you need help solving with you horse? If so please briefly describe:

If you have any additional comments or questions please feel free to communicate those:

