



CLINIC REGISTRATION FORM

CLINICIAN: FONDA MUNRO

NAME: _____

ADDRESS: _____

TELEPHONE #: _____

EMAIL: _____

HCBC #: _____

WHICH CLINIC ARE YOU REGISTERING FOR: _____

CLINIC DATE: _____

What particular concerns would you like to address?

What level would you consider yourself/your horse?

FOR MORE INFORMATION call 250-722-3789 or email blueeagle@shaw.ca

- Payment is due at time of registration. Registration closes 3 days prior to the clinic.
- Clinic descriptions & dates at www.fondamunro.com
- 1470 White Rd., Nanaimo, BC V9X1N2
- participants must be HCBC members