



MANITOBA HORSE COUNCIL



EQUESTRIAN CANADA OFFICIALS CLINICS

✓ Check the clinic you are registering for:

March 4: General Stewards Clinic: _____

March 5: Dressage Stewards Clinic: _____

Your contact information:

Name _____

Address _____

City _____

Province _____ Postal Code _____

Phone _____

Email _____

Registration Fee \$125 for each clinic (GST and lunch included)

Payment Information

___ Payment by cheque in the amount of \$_____ enclosed

Please make cheques payable to Manitoba Horse Council

___ Payment by credit card (Visa/MasterCard) in the amount of \$_____

Card number _____

Expiry Date _____ CVC _____

Card Holder Name (please print) _____

Signature _____