



EagleBear Farm PWS Clinics Registration Form

This form must be accompanied by a signed copy of the Policies and Guidelines form with your deposit to secure a spot in class. Registration is on a first come first served basis. If a class is full your name will be added to the waiting list.

Name: (Please Print) _____ Address: _____ City, State, Zip: _____

Phone: _____ Email: _____ How did you hear about us? _____

(Our preferred method of communicating is via email ncparellclinics@eaglebearfarm.com and via the website at www.eaglebearfarm.com. Check the website for current clinic offerings)

Any health conditions we should know about? Horse/Human _____

Course Name: _____ Dates: _____ Instructor: _____

What level are you currently assessing? _____ Location: _____

What courses would you like to see us offer in the future: _____

Horses Name: _____

To register for a clinic or workshop, please complete this form. You may pay in full if you like, or you may send in your deposit, along with the signed Policies and Guidelines form to register for the course. If you have already sent in your deposit and signed Policies and Guidelines Form, subtract your deposit from the subtotal. The total at the bottom of the page should reflect the balance owed 1 month prior to the clinic. Balances paid after this date will incur a \$100 administration fee.

Clinic / Workshop (see website)	Quantity	Amount	Total
_____	_____	_____	_____
LESSONS			
Private _____	# Hrs		
Semi-Private _____	_____	_____	_____
Small Group _____	_____	_____	_____
Audit Fees (check event in case of special pricing)			
1 Day Eaglebear Farm		\$35.00	_____
1 Day		_____	_____
2 Day EagleBear Farm		\$60	_____
2 Day		_____	_____
3 Day EagleBear Farm		\$75	_____
3 Day		_____	_____
Additional Options			
Additional night paddock at EagleBear Farm	_____	\$15	_____
Additional night paddock at other location	_____	_____	_____
Lunch for participant (if not included)	_____	\$8	_____
Lunch for guests or auditors at EagleBear Farm	_____	\$8	_____
Lunch for guests or auditors at other location	_____	_____	_____
TOTAL DUE			_____
Deposit Paid			
1 Day Workshop		\$100	_____
2 Day Workshop		\$200	_____
3 Day Workshop		\$300	_____
Discount		_____	_____

Balance Due 1 month prior to Clinic start date _____

Please copy and keep for your records and mail along with your check payable to:
PWS NC LLC 3925 L Lawrence Trail Graham NC 27253.