

The Epona Institute
EPONASHOE CLINIC REGISTRATION CONTRACT

Thank you for participating in this EponaShoe clinic. Please complete this form and send it in to EponaShoe with your deposit to hold your place. We also suggest you book your hotel soon, in case other events in town are occurring at the same time.

NAME _____ EMAIL: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

The cost for the clinic is \$450. A \$250 non-refundable deposit is required to secure your place.

Clinic date: _____

Location: _____

Note: Balances are due in full to be paid on the first day of the scheduled workshop. Payment may be made by cash, check, money order or major credit card. Your deposit is affirmation that you will be in attendance at the workshop.

Pay deposit by credit card (and fax this contract back to us), or pay by check thru the mail.

Credit Card _____ Exp _____

Charge my card for __ \$450 (paid in full) or __\$250 (deposit)

Or, make checks payable to: "EponaShoe, Inc" and mail to:

EponaShoe, Inc.

P.O. Box 361

Creston, CA 93432

Fax: (805) 888-2855

PLEASE READ THE FOLLOWING PAGE AND SIGN. RETURN TO THE ABOVE ADDRESS.

Participants will be responsible for their own lodging and meals.

Bring your tools, or use ours during the clinic.

A complete schedule for the event is posted at www.epona-institute.org. This schedule shows the starting times and location for each day of the clinic. The clinic you attend may differ from this program somewhat.

Liability Clause: It is understood that due to the nature of the horse, working with their hooves and handling in general, accidents can occur. You are advised to wear protective boots and clothing. Upon signing this agreement contract, you agree to release Monique Craig, EponaShoe, Inc., their staff and family, the workshop hosts, as well as the workshop facility, its owners, staff and family from all responsibility regarding injury of yourself, further from loss or theft, or damage to any items you may have brought with you.

Please sign: "I have read and understand this Registration/Agreement contract in full and agree to all terms herein. I understand this is a group clinic and I can safely work around horses."

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone Number _____

Email Address _____

Signature _____ **Date** _____

Questions? E-mail info@eponashoe.com or call us at (805) 239-3505