

Clinic Registration Form

Name/date of clinic _____

Rider's Name _____

Phone _____ Email _____

Address _____

State _____ Zip _____

Name of Horse _____

Horse's Gender _____ Age _____

Do you need stalls? Y N for what days _____

Do you need electric hook-up? Y N

Please include payment for the clinic made payable to Davin Rudy.
Stalls/ electric hook-ups can be paid for at the clinic by cash or check.

We will need to see negative coggins within one year AND PROOF OF VACCINATIONS.

Send to:

Rudy Horsemanship

6 Sherks Church Rd

Grantville PA 17028

(Note: This is our mailing address only)