

Clinic Registration Form



Date(s) of Clinic: _____

Location of Clinic: _____

Please check only one: Participant / Rider Auditor

Name: _____

Mailing Address: _____

Phone Number(s): _____

Email Address: _____

Emergency Contact Information (everyone attending)

Name: _____

Relationship: _____

Address: _____

Contact Number(s): _____

Horse Information

Name: _____ Age: _____

Breed: _____ Sex: _____ Horsenality: _____

Any known safety issues/concerns? _____

Any known medical conditions? _____

Please describe your current activities with your horse and your current Level on Ground Skills and Riding, as well as any issues you have with specific tasks (continue on a separate page if you need more room): _____

Payment Information

All Participants and Auditors MUST have their registration form and fee submitted prior to the clinic date unless previous arrangements were made with Kelly Sigler.

Clinic Registration Fee Amount:

\$ _____ Participants/Riders in Full

\$ _____ Auditors must be paid in Full

\$ _____ Applicable Deposit Amount - for Participants

\$ _____ Payment Amount

\$ _____ Balance Due

Pay by Check/Money Order:

Pay to the Order Of "Tunnel Farm" with "Clinic Name, Date, and Location" Check # _____

Please mail the completed registration form and signed liability waiver with fee deposit/payment

Gina Greer, 5169 Watree Place, Aiken, SC 29803

Checks payable to Kelly Sigler

Please contact the clinic host/coordinator for any questions regarding the facility, stabling, overnight trailer parking and hook-up, meals, directions, or lodging accommodations. Additional information about the clinic can be found at kellysigler.com

Contact Kelly Sigler if you have any further questions.
803-522-4395 • Kelly1@kellysigler.com • www.kellysigler.com

Parelli Information (if applicable)

Member Number: _____

Level with Participating Horse: _____

Self-Assessed Level: _____

Official Certified Level: _____

Note: If Kelly Sigler deems a horse too unsafe to participate, she reserves the right to ask the student to no longer participate with that equine. If you are pregnant, please notify Kelly prior to registering for a clinic/workshop. Please remember to bring your horse's Coggins and Health Certificate.

Deposit amount to be paid at time of registration with balance due to be paid no later than 30 days prior to the clinic date. Additional fees for the Facility, Stabling, Meals, Lodging, Hook-ups, etc. are to be paid upon arrival at the check-in area.



3 Star Licensed Parelli Professional
ISRB Instructor