

Carlos Tobon Clinic, June 7th & 8th 2008
Make payments to NEPHC

Entry Form

Name: _____

Address _____

Phone _____

e-mail _____

Horse _____

Breed _____

AGE _____

Sex _____

Weekend 175.00 _____

Saturday 120.00 _____

Sunday 140.00 _____

Audit 1 day 40.00 _____

2 day 65.00 _____

Payment included _____

Neg. Coggins included _____