



OLD SALEM FARM

*Summer Clinic Series
Alice Debany-Clero*

Registration Form

Name: _____

Address: _____

Email: _____ Contact phone: _____

Clinic Date: June 30- July 2 Tues _____ Wed _____ Thurs _____
 July 22-24 Wed _____ Thurs _____ Fri _____
 August 29-21 Wed _____ Thurs _____ Fri _____

Session: ___(A) 9:30-11:00 ___(B) 12:30-2:00 ___(C) 2:30-4:00 ___(D) 4:30- 6:00
(Indicate Clinic date and session time you would like to reserve)

Pre-payment required to confirm your space in the clinic. \$225 ea. Session/ \$75 Auditor

Credit Card: _____ Ex.Date _____ Security Code _____

Name of Card: _____

Billing Address: _____

Billing Contact: _____

Please email registration form to [equusfit@gmail](mailto:equusfit@gmail.com) or fax to 914 669-8532
Questions? Contact 914 669 5610 or visit oldsalemfarm.net