

CONTACT 2013

Workshop Registration Form

Location: _____
Name: _____ **Horse's name:** _____
Phone: _____ **Cell:** _____ **Horse's age:** _____
Address: _____
Email: _____
Emergency contact: _____ **Phone:** _____
Rider level: ___ beginner ___ intermediate ___ advanced

Please select your workshop:

- ___ COM - Integrated Essentials
- ___ T of TACT (Trust)
- ___ A of TACT (Accuracy)
- ___ C of TACT (Consistency)
- ___ T of TACT (Teamwork)
- ___ Back to Basics

Workshop Fee _____

A non-refundable deposit of \$ 100.00 is required to secure your spot in the workshop. The remainder is due before the start of the workshop. Please make cheques payable to Elke Kofahl.

Please mail registration form, signed waiver and cheque to:
(Deposit can be email transferred and forms brought to event.)

**Elke Kofahl
Box 621
Margaree Forks, NS
B0E 2A0**

For any questions please feel free to contact Elke Kofahl

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Email: contact@live.com

Website: www.comtact.biz