



Kelly Sigler's Clinic Registration

Please Print

Rider Information

Name: _____ Age: _____

Address: _____
Street Address

City _____ State _____ ZIP Code _____

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Class Attending _____

Clinic Date: _____ Clinic Location: _____

PNH Level: _____ Level achieved with this horse: _____

Horse's Name: _____ Breed: _____

Auditor name: _____

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 back if you need more room)

Please list any safety or health issues associated with you or your horse :

If Kelly deems a horse to be unsafe to participate in a class, Kelly reserves the right to ask the student to no longer participate with that horse. If you are pregnant, please contact Kelly at kelly@kellysigler.com before registering for a clinic.

Clinic/assess

Fee: _____ Total Payment enclosed: \$ _____ Balance due \$ _____

Check # _____ Or PayPal # _____

Please list stabling requirements: Stall Paddock None How many nights? _____

Approx time of arrival if arriving

Date arriving? _____ the day before the clinic _____

Facility fee and stabling to be paid upon arrival at the facility.

To pay with credit card through PayPal go to Kelly's website: www.kellysigler.com click on clinic fees.

Please return registration form and signed waiver with clinic fee payment (*made payable to Kelly Sigler*) to:

Lydia Moyer Fax: 866-604-2451 664 Somerset Drive Lawrenceville, GA 30045