



www.karenwhite.com.au

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WORKSHOP OR CLINIC REGISTRATION FORM

Please choose the correct workshop for you and your horse so you benefit from the appropriate training

Workshop/Clinic Name:

Clinic Venue:

Date:

Cost:

Your Name:

Address:

Mobile:

Email:

Horse Details:

Payment:

Banking details as follows:

Mohegan Training Centre

BSB: 633-000

Account: 118377969

Email receipt to karen@karenwhite.com.au

A position will only be secured after payment has been received.

No credits or refunds will be given unless a veterinary certificate is supplied.