

**Registration Form**  
**Thank you for your interest!!**  
**Hoof Care Clinic Aug 15, 2009**  
**Location: American Legion, 6272 E. Cave Creek Rd.**  
**9am-4pm**

**Checks Payable to: Tomas Teskey**

**\$75.00 per person, (lunch and refreshments are included)**

**Mail this form with payment (checks only please) to:**

Kristin Walker  
6070 E. Fleming Springs Rd  
Cave Creek, AZ 85331

First come first served. Seating is limited, and there will be a waiting list. You will be added to the attendee list when the check is received in the mail.

Checks will not be cashed until a week before the clinic and there will be a follow up email reminding you that checks are being deposited and that your registration is complete.

Attendee Name(s) \_\_\_\_\_

Email Address \_\_\_\_\_

Phone # \_\_\_\_\_

Kristin Walker  
Hoof in Hand  
602-818-4996