

**Paul Dufresne Clinic
Training for Courage
at Largo Canyon School,
Counselor, New Mexico
11 through 15 September, 2006**

First Name:	Last Name
Mailing Address including City, state and zip	home phone
	email address
	Emergency Contact
Medical info	Food preferences
Horse's Name	Breed and size
Sex and age	Use
Needs or problems	
Will be arriving (date)	Traveling via
Other info you want us to know:	
Mail this form and your deposit of \$350 to: Patricia Irick HC 80 Box 5 Counselor, New Mexico 87018	I understand that I have to help with housekeeping chores. I acknowledge that horses are dangerous and I am responsible for my own safety. Signature: _____ Date: _____

(If you need to cancel your registration before the clinic, full refund available until July 15, after July 15 \$150 is non refundable, after August 15 \$300 is non refundable, after Sept .5 no refunds unless the vacated spot is filled by another participant.)