

Jane Braddock Clinic Registration

Name _____
Address _____
Phone# _____ Email _____
Emergency Contact _____

Name of Clinic: _____ Dates of clinic: _____

Non-refundable deposit (1/2 down) \$ _____

Make checks payable to Jane Braddock

Mail to:
Patty Goepfert
21085 Bayview Dr
Grantsburg, WI 54840

Other fees payable **at start of clinic:**

Stabling Fee	\$ _____	\$20/day
Camping Fee	\$ _____	\$20/day
Inside Stall (please bring shavings for your stall)	Total Stabling Fees	_____
OutSide Pen (12' x 24')		
Hauling In/Out	\$10/day X ___ days =	_____

Camping

Primitive camp area, outhouse and water is available but no electric. Horse ay be kept at camp either tied, picketed or in temporary pen for no additional fee.

\$20/day X ___ days = _____

We have a few spots by the barn where electric is available.

\$20/day X ___ days = _____

Camper w/kitchen, bathroom, water, electric, sleeps up to 3 adults (linens not included).
\$50/night 1 adult, each additional \$15/night.
Please check for availability.

Additional Information: _____