



Cy-Hawk

Working Equitation Clinic Registration form

Clinicians: Erica and Howard Peet
of Peet Equestrian

Date: 27-28 April 2024

Name: _____

Address: _____

City: _____

State: _____

Phone: _____

Email: _____

Cost \$300.00 for - 2 Days ----- \$ _____

Stall \$50.00 for the duration of the clinic. ----- \$ _____

(Limited stalls, first come. Call or text Robin
Sprafka for availability 515-462-3000)

Jump out \$ 15.00 for the duration of the clinic. ----- \$ _____

Audit. \$ 25 For the Weekend ----- \$ _____

Total: \$ _____

Make checks payable to Cy-Hawk WE. Please note on check “April WE Clinic”.

Payment for clinic is due by April 12th and is not refundable. All entries after April 12th will have a \$20 service fee. There is Limited space for this clinic and your paid entry fees will guarantee you a spot on a first come Basis.

Print this form, complete and mail to:

**CY-HAWK WE
CINDY NIEBUHR
7355 NW 107TH ST.
JOHNSTON, IOWA 50131**