



*Pine Knoll Center  
for Integrated Horsemanship*

*Clinic Registration Form*

Please fill out the following information:

Clinic Name: \_\_\_\_\_ Date: \_\_\_\_\_

For which services would you like to sign up? (*Riding/Studio/Lecture/Audit/etc*) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total cost of services: (*if you know it*) \_\_\_\_\_

Do you have any gift certificates? If so, for how much? \_\_\_\_\_

Participant Name: \_\_\_\_\_

Email: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_

Horse Name: \_\_\_\_\_ Age: \_\_\_\_ Breed: \_\_\_\_\_

Have you been to Pine Knoll before? When? \_\_\_\_\_

How did you learn of this clinic? \_\_\_\_\_

\_\_\_\_\_

Please fill out the registration and send in along with your horse's current negative Coggins to keep on file. All riders will also need to fill out an annual Release and Hold Harmless form. Please no pets. If you have questions, please call 859.253.6838 or email [pineknollfarm@aol.com](mailto:pineknollfarm@aol.com). All checks should be made out to **Pine Knoll Farm** and mailed to:

**1101 North Yarnallton Pike  
Lexington, KY 40511**