

# Small Equine Clinic Registration Form

**Due March 3, 2012**

Name \_\_\_\_\_ Age \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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Name \_\_\_\_\_ Age \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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Name \_\_\_\_\_ Age \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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Name \_\_\_\_\_ Age \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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**Checks payable to IMHOA and mail to**

**Sandy Grabow**

**P O Box 304**

**Crescent City, IL 60928**

**(815) 683-2469**

**E-Mail: [SandyGrabow@yahoo.com](mailto:SandyGrabow@yahoo.com)**