



FROST VALLEY YMCA

CHA Clinic Registration Form

ADDRESS: 2000 Frost Valley Road, Claryville, NY 12725 **TEL:** 845-985-2291, ext.240
EMAIL: horses@frostvalley.org **WEB:** frostvalley.org **FACEBOOK:** facebook.com/frostvalleymmca

All Discipline Standard Instructor Certification

May 11-15, 2020

Please complete this form and send to the address above.

Name _____

Address _____

City _____ State _____ Zip _____ County _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

CHECK-IN: 4:00pm Sunday **CHECK-OUT:** 1:00pm Friday

**CLINIC FEE
WITHOUT LODGING OR MEALS**

\$600/person

**CLINIC FEE
WITH LODGING AND MEALS INCLUDED**

\$900/person

I would like to room with*:

To ensure that you room with the person of your choice roommates must register **at the same time.*

PAYMENT INFORMATION (PAYMENT IN FULL DUE AT REGISTRATION)

Check (payable to Frost Valley YMCA)

Visa MasterCard Discover AmEx

Card # _____ Exp. Date: _____

Signature: _____ Security Code: _____

ALL REGISTRATIONS MUST BE IN BY MARCH 1, 2020.

INTERNAL USE ONLY:

RESERVATIONS CALL TO PAY

GUEST WILL CALL TO PAY