

Jan Ebeling Clinic Auditor Form

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Dates: June 22-23, 2019 Clinic 1 Pre-registration due by June 15th, 2019

August 31-Sept 1, 2019 Clinic 2 Pre-registration due by August 20th, 2019

November 2-3, 2019 Clinic 3 Pre-registration due by October 20th, 2019

Auditing Fees:

Pre-registration

1 Day \$25.00

2 Days \$45.00

After pre-registration date (if spots available)

1 Day \$35.00

2 Days \$55.00

Please check which day(s) you plan to audit.

Auditing fees include lunch.

Clinic 1 : Saturday _____ Sunday _____

Clinic 2: Saturday _____ Sunday _____

Clinic 3: Saturday _____ Sunday _____

Total Amount Due: _____

Make check payable to Topline Stables

Mailing Address:

Topline Stables

PO Box 371

Hiram, OH 44234-0371

440-666-6182 Cell

Barn Address:

Topline Stables

1109 Aurora-Hudson Road

Aurora, OH 44202