

Genuine Texas Hoofmanship

Clinic Registration Form

Participant Contact Information

Full Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

No. Of Horses: _____

Hoof Issues: _____

Clinic Information

Clinic Date: _____

Clinic Location: _____

Do you wish to bring a horse? _____

Are you interested in trimming at the clinic? _____

Are you interested in trimming a cadaver hoof? _____

Please take the time to review the information on our website before the clinic date, as well as some of the other informative links we have posted.

In order to reserve your spot at the clinic, please mail this registration form along with your check/money order to:

**Gates Billette
2915 N. Greenbriar
Nacona, TX 76255**