

**FDCTA Clinic Registration Form**  
**Saturday May 23, 2009**  
**Balymacrea Farm**  
**101 S. Eastown Rd.**  
**Elida, OH 45807**

**Name:** \_\_\_\_\_

**Horse's Name** \_\_\_\_\_

**What would you like to work on** \_\_\_\_\_

**Horse's Level** \_\_\_\_\_

**Your Telephone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Please send clinic fee of \$25.00 along with a copy of your  
Coggins dated within the last 12 months to: Gael Bourquin, 101  
S. Eastown Rd., Elida, OH 45807.**