

Melanie Michalak Clinic Registration Form

			<u>Fees</u>
<u>Friday evening lecture</u>			
No charge for those riding in the clinic			
All others		\$10	_____
 <u>Saturday auditing</u>			
	EIDEA member or USPC member	\$0	_____
	Non-member	\$20	_____
 <u>Saturday lesson</u>			
45 minute private	EIDEA member or USPC member	\$60	_____
60 minute private	EIDEA member or USPC member	\$80	_____
60 minute Semi-private*	EIDEA member or USPC member	\$40	_____
45 minute private	Non-member	\$80	_____
60 minute private	Non-member	\$120	_____
60 minute Semi-private*	Non-member	\$60	_____
*Please indicate who you would share the semi-private with. EIDEA will attempt to assign a partner if you don't have one			_____
 <u>Sunday auditing</u>			
	EIDEA member or USPC member	\$0	_____
	Non-member	\$20	_____
 <u>Sunday lesson</u>			
45 minute private	EIDEA member or USPC member	\$60	_____
60 minute private	EIDEA member or USPC member	\$80	_____
60 minute Semi-private*	EIDEA member or USPC member	\$40	_____
45 minute private	Non-member	\$80	_____
60 minute private	Non-member	\$120	_____
60 minute Semi-private*	Non-member	\$60	_____
*Please indicate who you would share the semi-private with. EIDEA will attempt to assign a partner if you don't have one			_____
TOTAL			_____

Name \_\_\_\_\_

Address \_\_\_\_\_

Name of horse (if riding) \_\_\_\_\_

Level you ride and train \_\_\_\_\_

Cell number \_\_\_\_\_

Email \_\_\_\_\_

Emergency contact name \_\_\_\_\_

Phone number \_\_\_\_\_

Make checks payable to EIDEA. Mail with signed release to:

Ted Lepic  
EIDEA Treasurer  
3060 Meadow Road NE  
North Liberty IA 52317