

Tina Giordano Clinic Registration

STUDENT INFO

Student Type? **Participant** _____ **Auditor** _____ **Volunteer** _____
Name: _____
Address: _____
City/state/zip _____
Home Phone: _____ **Cell Phone:** _____
E-mail: _____ **Member #** _____
Horses name: _____ **Age & Breed:** _____ **Mare or Gelding:** _____

Stabling

What date will you be arriving with your horse? _____
Please check which days your horse will need stabling **Fri** _____ **Sat** _____ **Sun** _____
Do you prefer a ... **Stall** _____ **Paddock** _____

LUNCH

Please bring your lunch

LOCATION & FEES

Clinic Location & Class Name: _____ **Clinic Fee** _____
_____ **Auditor Fee** _____
Clinic Date & Time: _____ **Facility or Trailering in Fee** _____
_____ **Stabling Total:** _____

Please make checks payable to:

- Clinic & Auditor fees payable to: **Equitina, LLC**
- Stabling & facility fees payable to the facility (see clinic info)

Send ALL checks along with your completed registration to:

Tina Giordano
6036 E Via Estrella Ave
Paradise Valley, AZ 85253

For Electronic Submission

- Fax registration form to 877-349-0040 or scan and email to clinics@equitina.com
- Tina does accept PayPal; you will need to have a PayPal account to send payment this way. Please select to send to select 'friends & family' and send payment to Tina's email address at tinagio@aol.com. Any fees associated with PayPal must be paid by you, so you will need to select that sender pays the fees. If you pay with your bank account or PayPal balance, PayPal does not charge you a fee.