

KENTUCKY HORSESHOEING SCHOOL

EVENT REGISTRATION

APPLICANT INFORMATION

Name:

Phone:

Email:

Cell:

Address:

City:

State:

ZIP Code:

EMERGENCY CONTACT

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

EVENT (MARK EVENT, AND TEST SECTIONS AS APPLICABLE)

Pre-Certification Workshop

AFA Certification

Certified Farrier

Written Examination

Certified Tradesman Farrier

Shoe Board

Certified Journeyman Farrier

Live Shoeing

Therapeutic Endorsement

HOUSING REQUESTED

Bunk Room

Double Room

Women's Quad

Private

SIGNATURES

I authorize the Kentucky Horseshoeing School to charge my credit card in the amount shown below for services rendered.

Credit Card # _____ Exp. Date _____ CID _____

Signature:

Deposit of \$100.00 required to reserve a spot in any event

Amt authorized: _____

Date: