

## WARIALDA ONE DAY TRIMMING WORKSHOP

**Please read this sheet carefully and keep for future reference**

**ADDRESS:** Warialda Showgrounds 34 Holden St, Warialda NSW 2402

**DATE:** **Sunday 28<sup>th</sup> May 2017**

**WHAT TIME:** We suggest you arrive at 8.15 am to settle your horse and finalise registration. The lecture starts at 8.45 am **sharp** and finishes around 4.30 pm.

**BOOKINGS:** **Ph:** 03 57734306 (leave message) **Fax:** 03 57734307 **email:** [admin@barehoofcare.com](mailto:admin@barehoofcare.com)  
**COURSE PLACEMENTS FILLED IN ORDER OF PAYMENTS RECEIVED**  
(full participants limited to 10).

**LOCAL COORDINATOR :** **Phillipa Morris Ph: 02 6729 7213 email: [philippa@nsw.chariot.net.au](mailto:philippa@nsw.chariot.net.au)**  
(Venue information only, not for bookings)

**WHAT TO BRING:** **Your lunch and a folding chair.** Morning and afternoon tea is provided.  
Anything you might need for note taking.  
Please wear thick jeans and strong boots.  
Your horse (Full participants only) feed and feed containers.  
Suitable mature calm horse for you to learn on. **NO STALLIONS, FOALS OR YEARLINGS**

**PLEASE NOTE:** At the end of the day we require you to clean up after your horse.

**TRIMMING TOOLS:** **We have aprons and tool kits available for you to use at the clinic.** If you have some tools bring your own. We also have a supply of **new tools** available for purchase at the clinic (see attached list). **It is best to avoid very cheap tools** as they are often hard to use and will not be sharp. Good tools make the job so much easier.

**FEES:** **\$250 Full Participation which** includes a free pair of trimming gloves, all lectures, comprehensive notes, the cadaver trim and trimming a horse under our guidance.  
**(GST INCLUSIVE)**

**\$170 Auditor** includes a free pair of trimming gloves, all lectures, notes and the cadaver trim, participation in afternoon but not trimming a horse under guidance.

**REFUND POLICY:** Cancellations – all fees, less \$50, will be refunded if a medical or vet certificate is provided within seven days preceding the workshop. Alternatively, participants may transfer to another workshop for an additional \$50. A full refund will be issued should it be necessary for a clinic to be cancelled.  
**(\$50 NRD)**

### **TO REGISTER FOR THE WORKSHOP:**

A deposit or full payment is required when registering to secure your position. Please contact us to make sure that there is a position available before sending in registration/payment. Full payment is required at least two weeks prior to the workshop. This helps us with our organisation. Please sign and return the attached Booking Form and **Waiver Form (this must be witnessed)** along with your payment details to: **Andrew Bowe 470 Middle Creek Road, Yarck, Vic 3719** or Fax 03 57734307.

### **PAYMENT OPTIONS:**

1. Write cheque or money order to **A Bowe** and mail to us with the attached booking form and waiver form.
2. Direct deposit to: Commonwealth bank Alexandra: MRS N AND MR A BOWE BSB: 063628 ACCOUNT: 10086772 please quote name and clinic date. Please post or email booking form and waiver form.
3. Pay by credit card over the phone or write details on the attached booking form and send together with the waiver form. Please post or email booking form and waiver form.

**No Dogs allowed. Please contact us for special considerations.**



# Warialda BOOKING FORM

Trimming Workshop On: \_\_\_\_\_ At: \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Full Participant /Auditor (please circle)

I have enclosed a cheque/money order for \$ \_\_\_\_\_

**OR**

I have direct deposited \$ \_\_\_\_\_

into Commonwealth Bank: MRS N AND MR A BOWE BSB: 063628 ACCOUNT: 10086772 **with my name and workshop date attached.**

**OR**

By Credit Card: Workshop Amount \$ \_\_\_\_\_ Plus \$4.00 surcharge Total \$ \_\_\_\_\_

Type: \_\_\_\_\_ (Visa or Mastercard)

Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Exp Date \_\_\_\_ / \_\_\_\_

Name on card \_\_\_\_\_

Signature: \_\_\_\_\_

If posting forms please return to: **Andrew Bowe, 470 Middle Creek Rd, Yarck, Vic, 3719**

**OR: FAX: 03 5773 4307**

**OR: EMAIL: [admin@barehoofcare.com](mailto:admin@barehoofcare.com)**