



General Clinic Auditing Form

Clinician _____

Days of Auditing: Mon Tues Wed Thurs Fri Sat Sun

Auditor Name _____

Address: _____

Email: _____

Phone: _____

Number of Days Attending _____ @ \$ _____ = _____ Total

Please check www.midsouthdressageacademy.org for updates, prices, and deadlines.

This form and the payment must be filled out and received by the Academy prior to the start of the clinic to receive the discount. Although pre-registration is not required, it is highly encouraged!

Make checks payable to: Mid-South Dressage Academy

Mid-South Dressage Academy
Attn: "Clinic Name"
6303 Robertson Gin Road
Hernando, MS 38632

Questions? Please contact Elizabeth Rice at
info@midsouthdressageacademy.org or (662) 449-0968.