



Historic Prophetstown Clinics

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ email _____

Prices:

\$300 per participant

\$250 per participant if a member of Historic Prophetstown

Prices include dinner on Friday evening, all meals on Saturday, and breakfast and lunch on Sunday

Number of participants registering _____ Number of participants that are members _____

Payment:

Check made payable to Historic Prophetstown _____

Visa _____ MasterCard _____ Discover _____ American Express _____

Credit Card # _____ Expiration Date _____ V-code _____

The V-code is the three digit number on the back of the card in the signature area

Signature required for credit card authorization _____

Please indicate which workshop you are registering for:

Reproduction Clinics:

February 17, 18, and 19, 2011 _____

March 3, 4, and 5, 2011 _____

March 11, 12, and 13, 2011 _____

Draft Horse Clinics:

May 6, 7, and 8, 2011 _____

September 3, 4, and 5, 2010 _____

Advanced Clinic:

October 15, 16, and 17, 2010 _____

Please mail your registration with the payment to:

Historic Prophetstown

Attn: Melissa Brown

3549 Prophetstown Trail

PO Box 331

Battle Ground, IN 47920

Or you can call in to the office:

765-567-4700

Fax: 765-567-4736

All clinics are proudly sponsored by PEFCU

