



**KANSAS REINING HORSE ASSOCIATION**

**APRIL 21, 2018**

**CLINIC REGISTRATION**

NAME \_\_\_\_\_

ADULT \_\_\_\_\_ OR 18 & UNDER \_\_\_\_\_

Please describe the reining skill of you and your horse (this will assist us in grouping for maximum benefit to clinic participants):

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Please send payment and registration to:

Art Canright

20890 Clare Rd.

Spring Hill, KS 66083