



2017 CLINICS

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ email _____

\$450 per participant | Price includes meals from Thursday evening dinner through lunch on Sunday.

Number of participants registering _____ x \$450 = Total: \$_____.

Check payable to "RX Acres" _____ 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 for which workshop you are registering:

Reproduction Clinics:

Scheduled as Needed

Advanced Clinic:

___ Oct 19 – 22

Farming Techniques:

___ Nov 2 – 5

Beginner's Draft Horse Clinics:

___ May 4 – May 7

___ Aug 31 – Sept 3

Forage Clinic:

___ June 1 – 4

Please mail your registration with the payment to:

RX Acres Belgians
Attn: Melissa Brown
22637 Highway 19
Roosevelt OK 73564

Or call:
765-479-0369 or 765-479-0367
Or email
rxacresbelgians@aol.com