

# Biscone Training LLC

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## CLINIC REGISTRATION

### JOYCE LOOMIS-KERNEK BARREL RACING CLINIC

**July 11/12/13, 2008**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Registration Fee:** \$300 per horse \_\_\_\_\_

\$325 with DVD \_\_\_\_\_

\$150 nonrefundable deposit by June 15 \_\_\_\_\_

Audit - \$50/day \_\_\_\_\_ \$75 for both days \_\_\_\_\_

(Make check out to Biscone Training)

\*Let us know if you need a stall or overnight accommodations\*

**Please provide Joyce with some information about you and your horse.  
Include your barrel racing experience, problem areas and special help you  
need.**