



2012 ROLLING CLINIC REGISTRATION FORM

(Please submit one form per person)

Name _____

Phone _____

Address _____

Email (Required) _____

Clinic - Session 1: February 19 & 26 - \$55 \$ _____

or

Practice - Session 1: February 19 & 26 - \$20 \$ _____

Clinic- Session 2: March 18 & 25 - \$55 \$ _____

Please specify: Rolling _____ Rescues _____

or

Practice - Session 2: March 18 & 25 - \$20 \$ _____

Total Enclosed: \$ _____

**Mail registration form with check payable to RICKA to:
Catherine Radcliffe, 573 Rockdale Avenue, New Bedford MA 02740**