

**ESQHA**  
**“THE SIZZLER”**  
**JULY 21, 2020**  
**HORSEHEADS, NY**

***CLINIC FORM***

Contact Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email \_\_\_\_\_

**TRAIL CLINIC:**     *Tuesday, July 21, 2020 @ 4:00 pm*

\_\_\_\_\_ \$ 50.00 X \_\_\_\_\_ (# Of Slots) = \_\_\_\_\_

Grand Total \_\_\_\_\_

**PAYMENT METHOD**

\_\_\_\_\_ Check enclosed (payable to ESQHA)

\_\_\_\_\_ Credit card (4% convenience fee)

Card Number \_\_\_\_\_

Expiration \_\_\_\_\_

V Code \_\_\_\_\_

Zip Code \_\_\_\_\_

Please send reservations and payment to:

Stacy Onofre, P.O. Box 341, Waverly, NY 14892 (607) 857-0442 / [stacyo@stny.twcbc.com](mailto:stacyo@stny.twcbc.com)