



SonFlower Stables Workshop Registration Form

Name: _____

Email: _____ *(please print)*

Phone (cell): _____ Phone (other) _____

Home Town: _____

Company Name: _____

Company Town: _____

Job Title: _____ *(if employed)*

How many years in this position? _____

Do you hold other positions other than employment related: Yes No

Do you consent to having your photo displayed on SonFlower Stables promotional materials?

Yes

No

I consent to participate in this workshop and take full responsibility for my involvement in it.

Your Signature: _____ Date: _____

**Please print and sign this form and return it to Mary Howe at SonFlower Stables, or email it to:
mary@sonflowerstables.com.*

Any questions contact: (519) 718-1432