



# CLASSICAL HORSEMASTERSHIP INTERNATIONAL

*An invitation to all equestrian enthusiasts*

## Marji Armstrong Classical Dressage Clinics – Special offer for Auditors

If you are interested in attending one of our clinics and would like to know more about Marji’s unique training methods, why not find out first hand by spending a day (or more) auditing.

The normal DOOR SALES price of auditing is \$50 per day or \$160 for five days. **By returning the coupon below with your payment, take advantage of the special price of only \$35 per day or \$115 for five days.**

If you like what you see and wish to book a place at the next clinic, any auditing fees you have paid are credited towards your clinic fees!

Bring with you a pad and paper for notes, packed lunch /snacks and a mug - tea and coffee is available. Add to this a receptive mind and you will have an interesting and informative day.

If you unable to audit the full clinic we recommend that you attend the first day and another day towards the end of the clinic. Due to the format of the clinic, auditors **may only attend the first day if** they are free to also attend at least **one other day**.

**Remember this special price is only available if you pre-pay.** Spectators are welcome on the day at the normal rate, but please advise your attendance to **C.H.I. Phone: 0417844440**

Please book me an auditor’s place at the next Classical Dressage (Training) Clinic:

**25 - 29 March 2016**

**OR**

**20 - 24 April 2016**

**5 Days Inclusive**

Circle which clinic you wish to attend. Delete the other.

***Yardah Stud, 12835 Boyup Brook/Cranbrook Road, Cranbrook. 6321***  
*(Note: physical address is corner of Albany Highway & Frankland Road.)*

NAME ..... TELEPHONE .....(h)

ADDRESS ..... (b)

..... (fax)

Post code..... Email .....

I wish to attend on the following dates:

Day 1 & Day .....\*  Day 2  Day 3  Day 4  Day 5

AMOUNT TO BE TRANSACTED Days by \$35 = \$ ..... OR Full Clinic (5 days) \$115

Card Holder’s Name .....

Please debit my Visa  Mastercard  Bankcard

Expiry Date ..... / .....

CARD NUMBER:

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Signature.....

**SCAN & EMAIL TO:**

**E-mail: [yardah@westnet.com.au](mailto:yardah@westnet.com.au)**

**Ph: 61-417844440**

**VISIT OUR WEB SITE..... [www.marjiarmstrong.com](http://www.marjiarmstrong.com)**  
**LIKE: Marji Armstrong, Classical Horsemastership Facebook**

Please ensure that this Registration Form reaches C.H.I. Head Office 7 days before the clinic commences or make alternative arrangements with my office. Confirmation receipt of this form will be sent by return. If you do not receive a response to your registration please contact our office without delay.