

**GSCA NEWBIE DRIVING CLINIC**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

Will be bringing an equine: Yes \_\_\_ No \_\_\_ Harness Yes \_\_\_ No \_\_\_ Cart/Carriage Yes \_\_\_ No \_\_\_

What would you like to see or learn from this clinic:

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Email form to Eric and Linda Wilking [eewls@gmail.com](mailto:eewls@gmail.com)

603 731-0513