

Riding the Path Registration Form

■ Personal information

Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

■ Clinic to be attended

Clinician's Name: _____

Date(s): _____ Location: _____

As Participant ___ As Auditor ___ (Check One)

Fee: _____

■ Payment

Check enclosed: ___ (If paying by check please mail this form and a check made payable to Jedidah Mathews to 2566 Louis Creek Rd. Myrtle Creek, Oregon 97457.)

Paid through website shopping cart: ___ Request a Square Cash transaction: ___
(Must have a valid email address for this option. For information about Square Cash transactions please visit <https://cash.square.com/>)

■ Please check which liability forms are required for your chosen clinic. They must be signed before you attend or participate in any clinic. Forms may be sent via email to jedsikinger@gmail.com or an image of the completed form may be sent to my cell phone at 971-600-4616. Thank you!

