CONTACT TRACING FORM
'CLINIC WITH A CHAMPION'
BETH UNDERHILL @ VALHALLA EQUESTRIAN

EACH PARTICIPANT, EMPLOYEE AND STAFF MUST BE RECORDED BELOW.
PLEASE SUPPLY INFORMATION FOR ALL THOSE ATTENDING IN YOUR PARTY.

PLEASE WRITE STABL/COACH AFFILIATION HERE:_____

ATTENDEE NAME	ASSOCIATED HORSE NAME	PHONE	E MAIL