



Ontario Carriage Driving Association

Educate your Eye Clinic

Sunday May 7, 2017

Name: _____

Address: _____

City/Town: _____ **Postal Code:** _____

Email: _____ **OCDA member:** _____

What type of horse/pony do you drive? _____

Are you interested in Showing _____

Clinics _____

Training days _____

Clinic cost \$60.00 _____ **(lunch is included)**

**Please enclose cheque for \$60.00 made out to
Ontario Carriage Driving Association.**

Mail to: Laurie Bruder

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