

# MECHANICS N MOTION

## CLINIC ORDER FORM

**Clinic Location** \_\_\_\_\_

DATE ORDERED \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME \_\_\_\_\_  
PHYSICAL ADDRESS \_\_\_\_\_  
CITY , STATE , ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

QUANTITY TO ORDER

HORSE & RIDER PASS @ \_\_\_\_\_ x \_\_\_\_\_

AUDITING PASS @ \_\_\_\_\_ PER DAY / \_\_\_\_\_ WEEKEND \_\_\_\_\_

CREDIT CARD INFO:

Circle One: MASTER CARD VISA AMEX

CREDIT CARD # \_\_\_\_\_

EXP. DATE \_\_\_\_\_

3 DIGIT SECURITY CODE \_\_\_\_\_

PLEASE CHARGE \_\_\_\_\_ TO MY CARD FOR THE MECHANICS N MOTION CLINIC.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

OPTIONS TO SUBMIT CLINIC PAYMENT:

1. PRINT & FAX FORM TO: 425 222 3541
2. TELEPHONE ORDER: 817-247-5883
3. MAIL TO:

Mark Shaffer  
806 Gene Autry  
Tioga, TX 76271