



SPRING TUNE UP – HORSEMANSHIP CLINIC

PARTICIPANT REGISTRATION FORM

Fee: \$150* – 1-day Clinic May 2, 2020 – W Arena, 2631 State Hwy 120, Cody, WY
307-527-7098 | www.oliverhorses.com

Rider Name: _____ Phone: _____

Over 18? Y N (If under 18, a parent or guardian must sign registration form)

Street Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

E-Mail: _____

How did you hear about the clinic? Who should we thank for referring you?

Emergency Contact: _____ Phone: _____

Name of *Horse: _____ Breed: _____ Age: _____

Previous Training: _____

Primary Type of Riding you do: _____

Problem Areas: _____

Training Goals: _____

Your level of Riding: Beginner Intermediate Advanced

*All horses must comply with health and travel regulations relating to coggins, health certificate and brand inspections to participate in this clinic (please consult your local veterinarian and brand inspector if you have questions). Clinic is limited to 15 riders. Clinic Fee \$150, Auditor/Spectator Fee: \$35.

\$50 nonrefundable deposit due by **April 2, 2020 to hold your spot**. Receive a \$10 discount for riders if payment made in full by April 2, 2020. **All Payments due in full by April 18, 2020**. Credit may be given if notice is received before 4/2/2020 to another clinic. Spectators are **not** required to pre-register, please check in before the start of the clinic and complete a release hold harmless statement.

By signing below, I agree to the clinic terms stated above. A release and hold harmless statement will also need to be signed prior to participating on the day of the clinic. This will be available at the registration/check-in on location.

Signature: _____ Print Name: _____ Date: _____

MAKE CHECKS PAYABLE TO: Oliver Enterprises, Inc. and **MAIL TO:** 115 Road 2EE, Cody, Wyoming 82414