



Clinic Participant Registration Form

Questions? Call 307-272-7907 | or email: billoliverhorsemanship.com

This form must be COMPLETE and returned with Clinic Fees to hold your spot.

Clinic(s) you wish to attend? _____ (date & name of clinic)

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). Clinics are limited and you may be placed on a waiting list. Clinic Fees must be paid in full to secure your spot.**

Clinic Fee(s): _____

Spectators are **not** required to pre-register but let us know if you are attending ASAP or bringing additional people with you, please be on time, check in before the start of the clinic, and complete a release hold harmless statement.

By signing below, I agree to the 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