

Rose Horsemanship Registration

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____ AGE (optional): _____

EMERGENCY CONTACT: _____ PHONE: _____

HORSE'S NAME: _____ BREED: _____ AGE: _____

DATE/WORKSHOP/CLINIC/CAMP you are signing up for: _____

AMOUNT: \$ _____ PAYING BY CHECK #: _____ PAYING BY PAYPAL: _____

HOW LONG HAVE YOU BEEN PLAYING/RIDING WITH HORSES? : _____

DO YOU COMPETE (if so, what discipline) _____

RATE YOUR CONFIDENCE ON A SCALE OF 1-10 ON GROUND: _____ RIDING: _____

1. HOW MANY RIDES DO YOU AND YOUR HORSE HAVE? : _____

2. WHAT GOALS DO YOU HAVE WITH YOUR HORSE FOR THIS EVENT: _____

****TO RESERVE YOUR SPOT IN AN EVENT PLEASE ENCLOSE A 50% NON-REFUNDABLE DEPOSIT WITH CHECK MADE OUT TO RYAN ROSE AND SEND TO THE ADDRESS BELOW ALONG WITH THIS REGISTRATION FORM. YOU MAY ALSO PAY THROUGH PAYPAL (a 3% service charge is applied).**

TO: (CLINIC COORDINATORS ADDRESS)

****EVENT COSTS: WORKSHOPS ~ \$150 EACH**

2 DAY CLINICS ~ \$650 WITH EARLY BIRD PRICE \$550 IF PAID IN FULL 90 DAYS PRIOR TO EVENT

3 DAY CLINICS ~ \$795 WITH EARLY BIRD PRICE \$695 IF PAID IN FULL 90 DAYS PRIOR TO EVENT

4 DAY CLINICS ~ \$895 WITH EARLY BIRD PRICE \$795 IF PAID IN FULL 90 DAYS PRIOR TO EVENT

5 DAY CAMPS ~ \$1295 WITH EARLY BIRD PRICE \$1195 IF PAID IN FULL 90 DAYS PRIOR TO EVENT

SPECIALTY CAMPS ~ CONTACT CHERYL AT CHERYL@ROSEHORSEMANSHIP.COM FOR PRICING

Stall/pen rental, RV Onsite, facility fees not included. May be applicable.

SIGNATURE: _____ DATE: _____

*****I understand and agree to said cancelation policy.**

**** Initial if signing for a minor child _____ DATE: _____**

