

RYAN ROSE HORSEMANSHIP

Registration Form

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____ AGE (optional): _____

EMERGENCY CONTACT: _____ PHONE: _____

LIST ANY HEALTH CONCERNS: _____

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% DEPOSIT (nonrefundable**) 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) AT WWW.ROSEHORSEMANSHIP.COM.**

TO:

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

2 DAY CLINICS ~ \$550 WITH EARLY BIRD PRICE \$450 IF PAID IN FULL 90 DAYS PRIOR TO EVENT

3 DAY CLINICS ~ \$695 WITH EARLY BIRD PRICE OF \$595 IF PAID IN FULL 90 DAYS PRIOR TO EVENT

5 DAY CLINICS ~ \$995 WITH EARLY BIRD PRICE \$895 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.

*****CANCELLATION POLICY:** In the event of a cancellation more than 30 days prior to the start of the event, a partial refund will be granted (non-refundable deposit will not be awarded back). If the cancellation is less or equal to 30 days prior to the event start date, no refund will be granted. No credits allowed any longer.

SIGNATURE: _____ DATE: _____

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

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