



## **REGISTRATION FORM**

**Name:**

**Phone Number:**

\_\_\_\_\_

\_\_\_\_\_

**Address or Email:** \_\_\_\_\_

Ranch Riding Skill Level:

\_\_\_\_ Beginner

\_\_\_\_ Intermediate

\_\_\_\_ Advanced

\_\_\_\_ I will be attending the clinic on August 29 & 30 for \$175, where Black Spur will provide lunch (both days).

\_\_\_\_ I would like to rent a stall at \$27/night (1 bag of shavings included) for  
\_\_\_\_ night(s).

In order to reserve a spot, we require a nonrefundable deposit (with this form) of half of your total amount due - the remainder due on the day of the clinic.

\$ \_\_\_\_\_ Total amount paid today with: \_\_\_\_\_ Cash \_\_\_\_\_ Check

Checks may be written to:  
Black Spur Equestrian Center  
15711 13th Street Milan, IL 61264

**Each Participant will need to sign our waiver acknowledging safety risks and release of liability in order to participate in the clinic.**