



## Ranch Clinic Registration Form

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

### Ranch Riding Skill Level:

\_\_\_\_\_ Beginner      \_\_\_\_\_ Intermediate      \_\_\_\_\_ Advanced

\_\_\_\_\_ May 1 & 2 - \$175.00 - *lunch provided Saturday and Sunday*

\_\_\_\_\_ August 28 & 29 - \$175.00 - *lunch provided Saturday and Sunday*

I would like to rent a stall for \_\_\_\_\_ nights at \$27 per night (with 1 bag shavings)

Nonrefundable ½ fee Deposit due with this form to reserve space. \$ \_\_\_\_\_

Remainder of payment due day of clinic \$ \_\_\_\_\_

Cash \_\_\_\_\_ Check \_\_\_\_\_

Checks may be written to Black Spur Equestrian Center  
15711 13<sup>th</sup> Street, Milan, Illinois 61264

Each participant will need to sign a waiver acknowledging safety risks and release of liability in order to participate in clinics.