

## Work it to Win it Clinic Series

Name of Participant: \_\_\_\_\_

Age of Participant: \_\_\_\_\_

Parent/Guardian Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

What is the best way to contact you?

Call

Text

E-mail

Level of Show Experience: Beginner   2-4 years   5-9 years   10+

Clinic to attend:    Showmanship & Horsemanship/Equitation March 16<sup>th</sup>

Ranch Riding & Ranch Trail April 6<sup>th</sup>

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### Office Use Only:

Date Received: \_\_\_\_\_

Cash \_\_\_\_\_

Check # \_\_\_\_\_