## **Cripple Creek Ranch 2017 Clinic Registration Form**

Please fill out one application for each participant. Register early to a reserve spot.

Name:			Cell Phone: ( )		
Address:		City:		State:	
Zip Code	:	Home Phone:			
E mail:Rider over 18 years ( Y - N )					
Emergeno	cy Contact Name &	k Number:			
1	linic date(s) will y	ou be attending:		<del>-</del>	
Stalls/pa	ddock: One day fee	\$10.00 or Overnight fee \$15.00# stall	ls x # days _	\$	
Total Cli	inic Cost		•••••	\$	
Total Enclosed				\$	
	efundable Deposit of the start of the c	of 25% is due to book and secures y linic.	your position. Fu	ll payment is due 2 weeks in	
Make che	ecks payable to:	CRIPPLE CREEK RANCE	H, LLC		
Mail to: Phone:	•	nnais, Cripple Creek Ranch, 23215 (or (847) 533-4513 Flyer is posted on face book Ranch general information: www.a Email: Christy@ccrequing	k and web site		
canter. Ca	——————————————————————————————————————	Surrent Coggins test is required. Rider l questions or need assistance in gettiner a helmet.			
The unde Bourbonn Ranch pre story, arti	rsigned party here nais unrestricted us operty or clinic loc icle, blog, face boo	to give consent to use photographs by gives consent to Cripple Creek R e of photographs of events, clinics a ations and or any of its subsidiaries k, twitter, social media, Website, pu graphs including negatives and print	Ranch, Cripple Crand all photographs or affiliates or spublications, DVD	ohs taken on Cripple Creek ponsors to be used in any news	
Signature	<b>:</b> :		Date:		