

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) _____

Emergency Contact Name & Number: _____

Which Clinic date(s) will you be attending:

Clinic Fees\$ _____

Stalls/paddock: One day fee \$10.00 or Overnight fee \$15.00.....# stalls _____ x # days _____ \$ _____

Total Clinic Cost..... \$ _____

Total Enclosed\$ _____

A Non-Refundable Deposit of 25% is due to book and secures your position. Full payment is due 2 weeks in advance of the start of the clinic.

Make checks payable to: ***CRIPPLE CREEK RANCH, LLC***

Mail to: Christy Bourbonnais, Cripple Creek Ranch, 23215 Graf Rd, Harvard, IL 60033

Phone: (815) 943-4513 or (847) 533-4513

Flyer is posted on face book and web site

Ranch general information: www.ccrequinecenter.com

Email: Christy@ccrequinecenter.com

No alcohol or dogs allowed. Current Coggins test is required. Riders should be at least comfortable at the walk, trot and canter. Call if you have special questions or need assistance in getting ready for the clinic. Private lessons are available. Riders under 18 yrs must wear a helmet.

- Please read and sign to give consent to use photographs taken at clinics.

The undersigned party hereby gives consent to Cripple Creek Ranch, Cripple Creek Ranch LLC and Christy Bourbonnais unrestricted use of photographs of events, clinics and all photographs taken on Cripple Creek Ranch property or clinic locations and or any of its subsidiaries or affiliates or sponsors to be used in any news story, article, blog, face book, twitter, social media, Website, publications, DVD s or any advertising or modifications of said photographs including negatives and prints.

Signature: _____ Date: _____