

ANNETTE COKER & KEVIN MEYER

www.mantzcreekhorses.com

Horsemanship/Cow Work/VRH Clinic

Please make checks payable to _____,

Mail with registration form to; _____

Rider Information

Name _____

Address _____

Cell Phone _____ Email _____

Horse and Trailer

Horse (s) _____

Stall (s) Y/N _____ # of nights: _____

Dry Camp? Y/N _____ #of nights? _____

Hookup? Y/N _____ #of nights? _____

CLINIC FEE OPTIONS

Pay in Full at Registration \$650.00 (_____)

OR

Deposit ½ at registration and ½ _____ \$325.00/\$325.00 (_____)

Stalls \$____/night/horse (\$ x ___ nights x ___ horses) _____ (_____)

Total Amount Paid: _____

***Cattle Fee payable 1st day of clinic based upon # of riders and cattle lease.

Rider Signature

Date

