CATTLE HANDLING CLINIC & COMPETITION PRE-REGISTRATION FORM

March 9-11, 2018

Colorado State University, Fort Collins

Cost: \$60 – to be completed by school riders only

Name:							
Address:							
City:				_ St:		Zip:	
Phone:	En	nail:					
Rider Experience (check o	ne expe	rience a	nd one a	age gro	oup):	
Beginner*	R	lookie*		Experie	nced		
Youth	Ad	ult					
C	•			Ü		the horse has done little cow work. what familiar with cattle work.	
Number of stalls no	eeded:_		\$1	3/night p	per stal	II	
Days Attending (Ci	ircle an	swers)					
Friday session	Yes	Maybe	e No				
Saturday school	Yes	Maybe	e No				
Saturday competitio	Yes	Maybe	e No		(Register and pay for competition	n	
						on Saturday between 12 and 3pm	1.
Sunday Ranch Hors	e Certifi	cation	Yes	Maybe	No		

Payment (must accompany form)	
School fee \$	
Stall fee \$	
Total fee \$	
Signature	
Guardian (for minor)	_ Date signed
Mail completed forms and payment to:	
Ellen Polyard 3685 Hemmingway Road	
Colorado Springs, CO 80930	
Make checks payable to Colorado 4-H Horse Advisory Committee (Please put event name on memo line)	a.
You may also email completed registration forms to: ellenpolyard@yahoo.com Phone 719-332-8841.	
Online registration and payment is available <u>here</u> . Service fees app	oly to online payments only.

 \sim A Release of Liability Form will need to be signed by each rider. Current Coggins is required

for each horse (will be checked upon entrance)