CornerStone Equine

Registration Form

**NAME:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PHONE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIST ANY HEALTH CONCERNS:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HORSE’S NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BREED:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **AGE:**\_\_\_\_\_\_\_\_\_\_

**DATE & WORKSHOP/CLINIC you are signing up for:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AMOUNT:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PAYING BY CHECK #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOW LONG HAVE YOU BEEN WORKING/RIDING HORSES?:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DO YOU COMPETE (if so, what discipline)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RATE YOUR CONFIDENCE ON A SCALE OF 1-10 ON GROUND:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **RIDING:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RATE YOUR HORSE’S CONFIDENCE ON A SCALE OF 1-10 ON GROUND:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **RIDING:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **ABOUT HOW MANY RIDES DO YOU HAVE WITH THIS HORSE?:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **WHAT GOALS DO YOU HAVE WITH YOUR HORSE FOR THIS EVENT?:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\* To reserve your spot in an event please enclose a 50% deposit (nonrefundable\*\*) with a check made out to CornerStone Equine and send to the address below along with this registration form. Payment in full will be due 30 days prior to the event start date.

\*\*Event Costs: Workshops: Half Day/$100, Full Day/$175

2 Day Clinics: $350 3 Day Clinics: $525

4 Day Clinics: $700 5 Day Clinics: $800

\*\*\* CANCELLATION POLICY: In the event of a participant cancellation more than 30 days prior to the start of the event, 50% will be granted back to participant. If the cancellation is less or equal to 30 days prior to the event start date, no refund will be granted. In the event of a clinician/ property owner cancellation, refund will be granted in full to participant or can be used as credit towards another CornerStone Equine event within 6 months. See Cancellation Policy Form for more information. \*\*\*

**\*\*\* I understand and agree to said cancellation policy.**

If a minor is under the age of 18 years of age, they must wear a helmet for the duration of the workshop/clinic while riding.

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE IF MINOR IS UNDER 18 YEARS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CORNERSTONE EQUINE P.O. BOX 11234 BOZEMAN, MONTANA 59719**

**(406)-600-2937 WWW.CORNERSTONE-EQUINE.COM**