

# DEVIL'S HOLE RANCH CLINIC REGISTRATION FORM

\*Please complete one registration form per participant.

**DATES OF WEEKEND:** \_\_\_\_\_  
[month] [date range] [year]

## PERSONAL INFORMATION

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** (\_\_\_\_\_) \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Have you attended a clinic in previous years?:** \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, how did you hear about Devil's Hole Ranch Clinics?: \_\_\_\_\_

**I give my permission for photographs and videos of myself and/or my horse to be used for future advertisements, social media, website material, and/or mailings about Devil's Hole Ranch and our clinics.**  
\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Yes with conditions: \_\_\_\_\_

**Do you have any food allergies or dietary restrictions?** \_\_\_\_\_

**Do you have any medical concerns that DHR should be aware of?** \_\_\_\_\_

## GROUP AND HORSE INFORMATION

**Number of people in your group (including yourself):** \_\_\_\_\_

**Are you the driver of a trailer?:** \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, give the name of the driver (last, first): \_\_\_\_\_

If yes, how many horses are you hauling: \_\_\_\_\_ Also, what is the length of the trailer (in ft.): \_\_\_\_\_

**Breed of Your Horse:** \_\_\_\_\_ **Age of Your Horse:** \_\_\_\_\_

\_\_\_\_\_ I confirm that my horse is in good health, physically capable of doing the clinic, and good with other horses and people. I will turn in copies of my horse's Coggins papers upon arrival.

## PAYMENT INFORMATION

Please choose your choice of payment:

\_\_\_\_\_ 50% deposit submitted online \_\_\_\_\_ full payment submitted online

\_\_\_\_\_ 50% deposit check enclosed \_\_\_\_\_ full payment check enclosed

\*See our website for accurate pricing information.

## SIGNATURE AND ATTACHED WAIVER

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ I have enclosed/attached my signed Clinic Waiver Form.