

NORTH AMERICAN TRAIL RIDE CONFERENCE

www.natrc.org, natrc@natrc.org, 303-688-1677



SAMPLE REGISTRATION FORM

“INTRODUCTION TO NATRC™” Competitive Trail Riding CLINIC

SATURDAY Month xx, 20xx

MOON VALLEY RANCH COVERED ARENA - 345 Race Horse Lane, Yourtown, USA

SIGN-IN 8:30 a.m. CLINIC STARTS 9:00 a.m. CLINIC ENDS 4:00 p.m.

Name: _____ Age: _____
(JRS. 10 through 17)

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ E-Mail: _____

Names of parents/guardians of Junior: _____ Phone: _____
(Print)

Signatures of both parents/guardians of Junior rider/handler: _____

(Signatures)

Will you be bringing a horse/pony/mule? Yes _____ No _____

If yes, Name of Horse: _____ Breed: _____ Age: _____

Please mark one: Mare _____ Gelding _____ **No Stallions Allowed**

Please be sure your horse's vaccinations are current!

I will _____/will not _____/unsure at this time _____ be participating in the free afternoon mentored 5-mile practice ride.

CLINIC FEES

Adult	\$25	_____
Junior (10 through 17)	\$15	_____

Registration Fee Includes: Continental Breakfast for you, carrots for your horse & 28-page Clinic Manual.

Send registration and check payable to: Susie Q, CTR Lane, Your town, USA

Directions to Moon Valley Ranch: xxxx xxxx xxx xxxx xxxxxx xxxxxxxxxxxxxxxx x xxxx xxx

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