

2012 Guest Ranch Saddle Series

Entry Form

RIDER _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ PH# _____ E-MAIL _____	<u>Check one</u> <input type="checkbox"/> March 17 th -18 th - Reed Valley Ranch <small>Deadline 3/10/12</small> <input type="checkbox"/> April 28 th -29 th - Rancho Oso <small>Deadline 4/21/12</small> <input type="checkbox"/> July 14 th -15 th - Reed Valley Ranch <small>Deadline 7/7/12</small> <input type="checkbox"/> August 25 th -26 th - V6 Ranch <small>Deadline 8/18/12</small> ACHA MEMBER YES NO AHCA MEMBERSHIP # _____ HORSE#1 NAME _____ HORSE#2 NAME _____
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DIVISIONS

The below fees are "per event/location, per horse". Below fees DO NOT include accommodations. Accommodations for each of the events to be made directly through each of the guest ranches.

<u>NOVICE</u>	<u>CATTLE CHARGE</u>	<u>NO# OF HORSES</u>	<u>TOTAL</u>
\$50	+	\$25	X _____ = _____

AMATUER

\$70	+	\$25	X _____ = _____
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ALL ENTRIES MUST BE PAID IN FULL

Late Fee (\$15.00) _____
TOTAL _____

MAKE CHECKS PAYABLE TO:
SHERYL LYNDE CLINICS

SEND ENTRIES TO:
 EQUINE PERFORMANCE

ALL MAJOR CREDIT CARDS ACCEPTED

57920 MITCHELL RD
 ANZA, CA 92539

