

RICK HOFFMAN
EQUINE PERFORMANCE CLINICS
REGISTRATION FORM

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

1-DAY OBSTACLE CLINICS \$150
REED VALLEY RANCH, HEMET, CA

DEC 5TH	= \$ _____
JAN 23RD	= \$ _____
FEB 27TH	= \$ _____

3-DAY COWBOY OBSTACLE CAMPS \$425
REED VALLEY RANCH, HEMET, CA

NOV 6TH - 8TH	= \$ _____
JAN 8TH - 10TH	= \$ _____
FEB 12TH - 14TH	= \$ _____

CAMPING _____ @ \$10 = \$ _____
(NO HOOKUPS)

BUNK HOUSE _____ @ \$20 = \$ _____

STALLS _____ @ \$15 = \$ _____
(PER NIGHT)

TOTAL = \$ _____