

CLINIC APPLICATION

**Ride Well, Think Well, Learn Cattle
with Barbra Schulte
October 14, 15, & 16, 2011**

Please note: You may submit this form to our office in one of two ways.

-First, you may click the blank of the form, and type into the form.

Once completed, save the form onto your computer. Then from your computer, you may send it as an attachment in an email, or print it, and then mail or fax it.

-The second way is to just print the form, fill it out by hand, and then mail or fax it to our office.

Name _____

Address _____

City, State, and Zip _____

Telephone _____

Emergency Contact and Phone Number _____

____ YES, I would like to sign-up as a riding participant for the **Ride Well, Think Well, Learn Cattle** clinic on October 14, 15, & 16 in Brenham, Texas. I understand the tuition for this clinic is **\$595.00**. My non-refundable deposit of **\$295** is enclosed by ____ check or ____ credit card information.

Type of Credit Card _____ Number _____ Exp. Date _____

(We accept Visa, MasterCard, Discover, & American Express.)

You may fax your credit card information. Our office is secure. Fax number is 979-277-9271.

If paying by check, please make your checks payable to CEP, Inc. Mail to the address below.

I will need ____ stall(s) for ____ night(s). Stalls are **\$25.00** per horse per night, including shavings, and cleaning. I understand that I will provide my own feed and hay, and if I would like, the feed and hay will be dropped in the feed manger each morning at 6:00 a.m.

I will need ____ RV hook-up(s) for ____ night(s) at **\$25.00** per night.

PLEASE NOTE: I UNDERSTAND THAT IF I SIGN-UP AND THEN CHOOSE TO CANCEL FOR ANY REASON, MY DEPOSIT WILL BE APPLIED AS A CREDIT TOWARD ANOTHER CLINIC AND/OR PRODUCTS. I WILL HAVE 18 MONTHS TO USE THIS CREDIT.

I am attending this event at my own risk and I release and hold harmless everyone connected with this event. Under Texas law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

I have read and understand the above.

Signature _____ Date _____

Please return registration form and non-refundable deposit to:

**Barbra Schulte
Attn.: Melissa Taylor
2000 South Market Street; Suite 219
Brenham, TX 77833-5800
Or Fax: 979-277-9271**

Upon registration, we will contact you with a confirmation including more details about attending the clinic as well as directions to the ranch.