



# An Olympic Experience

## 2009 Event Camp



Rider's Information		
Name:		Age:
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	
Email Address:	Cell Phone:	
Emergency Contact:	Emergency Contact Phone:	

Horse's Information		
Horse's Name:		Horse's Name on Coggins: (attach copy of Coggins)
Please check one:	<input type="checkbox"/> Mare	<input type="checkbox"/> Gelding
Horse's Age:		Horse's Breed:

Session Information			
Session I:	Participation: check one	Fees:	Total:
June 16-21, 2009: Rebecca Farms Kalispell, MT	<input type="checkbox"/> Riding	Riding: <b>\$1,950.00</b> (includes stabling, breakfast, lunch, 2 dinners)  Late Registration Fee: <b>\$200</b> after 05/10/08	Indicate Amount Enclosed:
	<input type="checkbox"/> Auditing (# of days ____)	Auditing: (per day) <b>\$80</b> (entire session) <b>\$450</b> (includes breakfast, lunch, 2 dinners)	
Note: Camp begins at 5:00 pm on Tuesday and will finish at 12:00pm on Sunday. Campers should plan to arrive no earlier than 1:00 pm on Tuesday and should depart by 2:00 pm on Sunday.			Make checks payable to: Four Star Management, Inc.

Experience	
Please describe rider's level of experience:	Highest level competed (rider):
Please describe horse's level of experience:	Highest level competed (horse):
Additional information for rider or horse (problem areas, quirks, goals, and other info you would like us to know):	
Please check below the level that you are most competent at with THIS horse:	
<input type="checkbox"/> BN Beginner Novice	<input type="checkbox"/> N Novice
<input type="checkbox"/> T Training	<input type="checkbox"/> P Preliminary
<input type="checkbox"/> I Intermediate	

Release	
I understand that riding horses is a high-risk sport and I am participating at my own risk. I hereby assume this risk and further do hereby release and hold harmless the organizer, instructors, agents, volunteers and hosts of the Olympic Experience Event Camp and the owners of any property on which the Olympic Experience Event Camp is to be held, from all liability for negligence resulting in accidents, damage, injury or illness to myself or my property, including the horse I am riding at the Olympic Experience Event Camp.	
Name (Please print):	Date:
Signature:	
Print name of witness:	Signature of witness:
Guardian's name (if rider is under the age of 18):	Signature of guardian:
<b>Please return completed form, copy of horse's current coggins and your check to: Four Star Management, Inc., Attn: Ashley Colonel, P.O. Box 1315, Wilson, WY 83014</b>	