## Douglas County Trail Riders Mounted Shooting Clinic Registration WHERTER TO THE PROPERTY OF THE PROPERTY OF

| Octob                       | per 2- 3, 2021 <b>Mounted S</b>  | shooting Clinic Shalom and               | Jason Schudlt         | Douglas County Trail Riders Arena  |  |
|-----------------------------|--|--|-----------------------|--|--|
| _                           | DCTR Member \$15 Non-Member \$175 Auditor \$25                               | 5 Total Due                              | : \$<br>: \$<br>: \$  | — the DCTR Member price!   |  |
| PLEASE PRINT Name of Horse: |  |  | Horse age/experience: |  |  |
| Name of Ride                | r: First, Last:  |  |                       |  |  |
| Street Addres               | s:   |  |                       |  |  |
| City, State and             | d Zip Code   |  |                       |  |  |
| Home Phone:                 |  | Cell Phone:                              |                       |  |  |
| Email:                      |  |  |                       |  |  |
| Experience of               | Rider/Level:   |  |                       |  |  |
| What would y                | ou like to work on as a rio  | der or with your horse?                  |                       |  |  |
| Emergency Contact: Name:    |  |  | Relationship:         |  |  |
| Phone number: Co            |  | Cell Phone:                              |                       |  |  |
| Conduct must                | t be above reproach in sp  | ortsmanship, showing, or th              | e recreational        | use of horses.   |  |
|                             | accept the responsibility  | ,  |                       | are inherent risks within equine related ich I am legal guardian, in engaging in |  |
|                             |  |  |                       | RS, OFFICERS AND BOARD MEMBERS ARE<br>EQUIPMENT OR SPECTATORS.                   |  |
| Signature(s):               |  |  | Date:                 |  |  |
|                             |  |  | Date:                 |  |  |
| • •                         |  | DCTR<br>PO Box 3222<br>Lawrence KS 66046 |                       | Registration is not confirmed until payment is received.                         |  |
| Contacts:                   | Lyric Bartz<br>Lyric@sunflower.com<br>785-766-3520<br>(phone calls or texts) |  |                       |  |  |
| Douglas County              |  | sk# Cach¢                                | Vonmo                 | Possived by Initials:  |  |