

**RNR Ranch & Tack
Clinic Registration**

Name _____
Address _____
Phone# _____ Email _____
Emergency Contact _____

Name of clinic you are registering for: _____

Dates of clinic _____
Group/Section ie; Beg, Adv, Colt Starting, Cow Working Etc

Participation Fee \$ _____
Stabling Fee \$ _____
Camping Fee \$ _____
Total Fee's _____

A **non-refundable** deposit is
required to reserve your spot in
the clinic.

Deposit Enclosed _____

Fee Schedule

Inside Stall (shavings available for purchase) \$15 per day X ___ days= _____
OutSide Pen (12' x 12') \$10 per day X ___ days= _____
Hauling In/Out _____
N/C
Total Stabling Fees _____

Camping (primitive camp area outhouse and water is availble but no electric) Horse may be kept at camp either tyed, picketed or in temporary for no a additional fee. \$10 per day X ___ days= _____

Please make checks payable to RNR Ranch and mail to RNR Ranch & Tack, 2697 Nevers Dam Rd, St Croix Falls, WI 54024

Additional Information:

