



Student Registration Form



Name: _____

Address: _____

Email: _____

Phone: _____ Savvy Club #: _____

Gender (circle one) M F Age _____

Emergency Contact: _____ Phone: _____

Horse's Name _____ Breed _____ Age _____

What date and Clinic/Workshops are you signed up for?

1. How long have you been riding/playing with horses? _____

2. How long have you been doing Parelli? _____

3. Rate Your Confidence on a scale of 1-10
Riding: _____ On the ground: _____

4. What are your Unofficial/Official Parelli Levels?
OL _____ FR _____ LB _____ FN _____

5. Have you ever competed? If so, in what?

6. About how many rides does your horse have? _____

7. What are your goals with your horse for this Clinic/Workshop?

8. What would you like to share about yourself?

9. Are there any special concerns you have with your horse at this time?

****IN ORDER TO RESERVE YOUR SPOT IN AN EVENT PAYMENT IN FULL IS DUE AT REGISTRATION. SEND CHECK/MONEY ORDER TO THE EVENT HOST. CHECK MADE OUT TO RYAN ROSE.**

Host:	Denise Daly
Address:	1485 Spackman Lane
City State Zip:	Exton, PA 19341

****EVENT COSTS ARE:** One workshop \$150, each additional workshop is \$125. Special pricing of four workshops \$450, six workshops \$600. There may be additional stall, RV hookups fee if applicable

****Cancellation policy:** In the event of a cancellation and you are not able to find a replacement for your spot a credit will be given (less the \$100 non-refundable deposit) and can be moved to new date/location. All credits must be used within (1) year of event date.

**** In the event of an emergency special considerations may be made.**

*Signature

I understand and agree to the cancellation policy.

*Initial if signing for a minor child _____.

Date: _____

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