

**4 DAY CUTTING CLINIC WITH
BILL RIDDLE
ERNST RANCH, EAGLE CREEK, OR
AUGUST 8TH-11TH 2013**

Name: _____

Address: _____

Phone: _____ Cell: _____ e-mail: _____

Description of horse you will be riding: _____

Describe your cutting experience / skill level: _____

What do you hope to learn and what specific areas would you like work on during this clinic?

Any special requests or concerns: _____

Total cost for participants is \$1075. This includes fresh cattle, stalls with bedding, feed and full care, as well as lunch and dinner each day for participants. This application along with a non-refundable deposit of \$500 is required to reserve your place in the clinic. The balance will be due upon arrival for clinic. We are taking a limited number of riders and will accept entries in the order they are received.

By signing below I acknowledge that I have read and agree to these terms.

I have enclosed my deposit of \$500 made payable to Ernst Ranch. My check # is _____

Applicant

Date



ERNST RANCH LLC

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Eagle Creek, OR 97022

(503) 637-3200 www.ernstranch.com