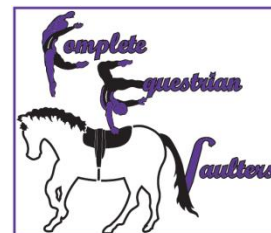


Larimer County 4-H Vaulting

Registration Form



Date: _____

Participant Name: _____

Age: _____ **Birthday:** _____

Email: _____ **Phone:** _____

Parent 1 _____	Parent 2 _____
Address _____	Address _____
City _____ Zip _____	
City _____ Zip _____	
Home# _____ Cell _____	Home# _____ Cell _____
Work# _____	Work# _____
Email _____	Email _____

Insurance Company and Policy Number: _____

Allergies: _____

Vaulting Experience: _____

Emergency Contact Information

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Special Instructions: _____

LC 4-H Vaulting Reservation and Cancellation Policy:

To reserve your space you must send in this form, waiver and \$100 to Complete Equestrian.

If you must cancel- your deposit can be applied to any Complete Equestrian service.

Reservation for Session (circle): May 4th- June 8th , Mondays 5-7pm