

Stock Horse of Texas and NRS teamed up to present a

STOCK HORSE Clinic & PRACTICE SHOW

for Intermediate & Novice division riders

August 23-25, 2019

Name _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Date of Birth _____ Email _____

SHTX # _____ Exp _____

Type of Clinic Participation: Rider _____ \$375 Includes breakfast & lunch 2 days, Saturday night supper
 "Fence Sitter" _____ \$80 Includes breakfast & lunch 2 days, Saturday night supper

Have you attended a Stock Horse of Texas clinic before? Yes _____ No _____

Have you attended a Stock Horse of Texas show before? Yes _____ No _____

If yes, what division do you show in? _____

Mail your form and money to:
 Michelle Reding
 1227 Stone Lake Dr.
 Cleburne, TX 76033
 (817) 629-2719
 reding.michelle@yahoo.com

Cancellations after August 16th will not receive a refund.

Be prepared to show negative Coggins.

By my signature below, I hereby acknowledge that I understand the risks involved in riding horses and/or cow work and voluntarily assume those risks. I agree that I will not hold the Stock Horse of Texas Association, NRS and/or the clinic management nor any of their agents, officers, directors, employees, volunteers or horse show participants or spectators liable for any injury or property damage to me, my horse or my property, rising out of or caused by this horse clinic held August 24-26, 2018. I have read this release and understand its terms.

Exhibitor's Signature _____ Parent Signature if minor _____

Riding Clinic Fee \$375	_____
"Fence Sitter" Meal Fee \$80.....	_____
SHTX Membership \$30 -- if not a current member	_____ (available online or at the show)
Cancellations after August 16th will not receive a refund.	
Total Due	_____

For office use only:
 Payment received: _____ Date: _____