

# KINGSTOWN VALLEY RANCH Equine Clinic Registration Form

(Please Print)

NAME: \_\_\_\_\_ Age: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_ E-Mail: \_\_\_\_\_

HORSES NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ Age: \_\_\_\_\_

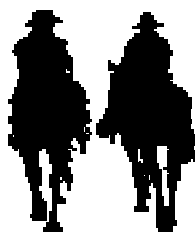
RIDING ABILITY:  None  Novice  Intermediate  
 Advanced  Expert

HORSE USED FOR:  Pet  Trail  Show  Gaming  Other  
Sorry, NO STUDS!

GOAL FOR THIS RAIN OR SHINE CLINIC? \_\_\_\_\_

REG. FEE: 1/2 Required Now  CASH  CHECK # \_\_\_\_\_

**Return Release Form and This Form With Registration Deposit**



Let's Ride!

Mail to : KINGSTOWN VALLEY RANCH  
N 5400 Moos Road  
Onalaska, WI 54650

Phone: (608) 781-6445

Cell: (608) 386-1207

Email: FLROTH7@AOL.COM

Thank You!



Deposit of \$ \_\_\_\_\_ is for \_\_\_\_\_ (series color): Clinic # \_\_\_\_\_

Equipment needed for ALL clinics: **Rope Halter, Handy Stick w/String, and 14 ft. Lung ROPE.** Equipment available at time of clinic for reduced price!

Check Web Page [www.kingstownvalleyranchllc.com](http://www.kingstownvalleyranchllc.com) for pictures of equipment or more information on clinics.

Please bring copy of **COGGINS** Test.