

B-C MELLO ARENA

TRAIL CLINIC & SHOW

July 5th-7th, 2019

4 Clinicians:

Bob & Linda Banks – Roseburg, OR
Carrie Parker - Junction City, OR
George Ehmer - Milton Freewater, OR

Friday is open arena until 2pm

Friday Afternoon & Evening In-Hand Clinic (if 3 or more sign up)

Optional private lessons with a clinician (not included in clinic fee call for fee & time)

Saturday Clinic you will work in a rotation with all clinicians

Sunday show off your new skills with a Fun Show for Clinic Participants

Potluck Dinner Friday and Saturday evening. Main dish will be provided

Saturday Evening Entertainment with Cowboy Poet Dwayne Nelson

Lunch provided on Saturday only. Breakfast on your own

Sunday after Awards-Ice Cream Social

\$250 for Full Clinic & Fun Show

\$125 for Friday 2 session In-Hand Clinic and In-Hand classes in Fun Show

\$125 Deposit Required – Non Refundable††

Make Check Payable to: Cindy Mello

Mail Form & Check to Cindy Mello:

176 Horseshoe Bend Rd, Goldendale, WA 98620

No additional fee for dry camping or pens

Dogs must be kept on leash and in dry camping area at all times

Exhibitor Name _____ DOB _____

†† - Deposit is required to hold your spot in clinic, balance due at beginning of clinic. It is a non-refundable and non-transferable deposit, without a Doctor's Letter or Veterinarian's Letter, releasing your horse & you do not have another horse you can use. If you have any questions, please call us 509-250-0726. Youth riders must have parent's signature. By my signature, I hereby release CARRIE PARKER, GEORGE EHMER, BOB BANKS, LINDA BANKS & B-C MELLO ARENA, facilities, its owners, officers, directors, agents, employees, volunteers, horse owners and owners, from any & all liability on account of loss, damage or injury that I or any person whom I allow upon B-C Mello facilities premise may incur. I hereby certify that every horse is eligible as entered. I make these entries at my own risk & am subject to the rules of this show & I agree for myself & my representatives to be bound thereby. I hereby personally assume all risks in connection with this activity and I release B-C Mello facilities, and other facilities used for the purpose of the clinic or retreat, its owners, officers, directors, agents, employees, horse owners and landowners from any liability of any kind or nature for injury or damage which may befall me or my property (including horse(s) and tack) while I am participating in this activity, or while I am at B-C Mello facilities or other facility used for the purposes of this activity, including, but not limited to loss of compensation. Once the clinic or retreat is in session, should I decide to withdraw from the agenda for any reason, there will be no refunds.

Participant Signature _____ Date _____

Guardian Signature if Under 18 _____

B-C MELLO ARENA

TRAIL CLINIC & SUNDAY FUN SHOW

July 5th-7th, 2019

Exhibitor Name _____ DOB _____
Phone _____ Email _____
Address _____ City/State/Zip _____
Horse Name _____ Age _____

Division: Please 'X' Division you are competing In

___ Open ___ Intermediate ___ Novice ___ 1st Year Horse ___ Youth 14-18 ___ 13 & Under

Buckles to be awarded to Open/Intermediate, Novice/1st Year, & Youth Champions

Classes: Please 'X' Classes Entering ~~~~~ If less than 3 entered classes will be combined

Must enter 4 classes to qualify for buckle

Division: _____

1) ___ In-Hand-Tentative

Office Fee \$ 10.00

2) ___ 1st Year Horse

Full Clinic @ \$250 = \$ _____

3) ___ Youth Trail (14-18)

Friday In-Hand Clinic \$ _____

4) ___ 13 & Under Trail

\$125 Includes In Hand Classes

5) ___ Open Trail

Sub Total \$ _____

6) ___ Intermediate Trail

Less Deposit \$(_____)

7) ___ Novice Trail

8) ___ Timed & Judged

TOTAL DUE: \$ _____

9) ___ Pony Express (Team)

Partner: _____

10) ___ Mountain Trail

11) ___ Ranch Horse Trail

DATE RECEIVED: _____

CHECK NUMBER: _____

AMOUNT _____

AMOUNT DUE: _____

RIDER NUMBER: _____