Cedar Valley Stables Women's Retreat Weekend 2019 Registration Form

Attendee's Name:	Age:	Height:	Weight
Address:			
City, State, Zip Code:			
E-mail address:			
Home Phone:			
Emergency Contact:			
Name:	Relation:		
Phone Number:			
Special Diet Needs (please list):			
Please list any physical (knee, back, hip etc.) health conditions, problems, or dis	p, etc.), mental, and/or	· medical (aller	gies, headaches,
Please list any medications for emergen	acy purposes:		

Checklist

- 1. Complete and sign registration form.
- $2. \,$ Complete and sign liability release form.
- 3. Send deposit of \$100 by September 13^{th} .
- 4. Send remaining cost of \$150 by September 23rd.

Checks can be made out to: Cedar Valley Stables. If the retreat is full, you will be notified.

Cedar Valley Stables 1492 Harding Avenue Tipton, IA 52772