



CAVE B WINE PRIZE RIDE

SATURDAY MAY 11TH



Enjoy the amazing scenery while riding and wine tasting at each check point! Enter to win prizes, relax at the end of the ride with a tasty lunch! **Bring Your Own Horse!**

\$55 per person includes the **ride, wine tasting, 10 prize tickets, Cave B trail glass and lunch.**
\$65 after April 8th.

First Rider out at 10am, Last Rider out at Noon. Lunch will be from 12pm until 3pm. Prizes announced at 3:00pm.

Add On:

RV Overnight: Stay Friday and/or Saturday night!

Cave B RV \$25 per night

Friday Night Dinner, Wine and Music by Rusty Cage: \$70 per person

Cave B has a leave no trace "Pack it Out" policy. Bring your portable corrals or trailer tie.



Event Coordinator: Kathy Willett 509.929.0169

Email: krosehospitality@outlook.com

- o **\$55** per person includes **ride, wine tasting, 10 prize tickets, glass and lunch.**
- o **\$25 RV** per night _____ Friday night _____ Saturday night
- o **\$70 Friday Night Dinner, 2 glasses of Wine and Music.**
- o I can't attend but would like to donate \$_____ to Spirit Therapeutic Riding Center

Event Total _____ **+ Tax (8.1%)** _____ = _____

Name: _____ Phone number: _____

Email: _____

I/We (the undersigned) understand and agree to indemnify and hold harmless and free of liability Cave B Winery (Cave B LLC) Cave B Summer Music Theater, Familia, CCR, K Rose Hospitality LLC, Spirit Therapeutic Riding Center and their respective owners, management, employees and volunteers, collectively "Organizers". Organizers will not be held responsible for any loss or injury that may occur to any person, animal or personal property or loss of any kind, that may arise by your participation or attendance, including, but not limited to: accidents, terrain challenges, fire, theft, vandalism, weather or other force majeure event. Please fill out this form completely, sign and date your acceptance below. By your signature you agree to all Terms and Conditions herein. Participation is not permitted without your signature. If you have any questions about how this release may affect your rights, please consult with your attorney before signing.

Signature _____ Date _____

Payment information: Credit Card number: _____ Exp _____ Security Code _____

Credit Card Billing Address: _____