



Colorado Regulators

Shooter Clinic Interest/Entry Form

Thank you for your interest in Cowboy Mounted Shooting !

www.ColoradoRegulators.com ~ www.facebook.com/coloradoregulators



Date _____ Registration opens at _____ Closes at _____ Clinic begins at _____

Your Name: _____

Address: _____

Phone#: _____

E-Mail: _____

We would like to get to know you and your horse a little better. Please answer the questions below that best fit you and your mount. *1 being low, 10 being high.*

1. Have you competed in Cowboy Mounted Shooting Before ? _____
2. What do you feel your level of horsemanship is? _____
3. What do you feel your level of gun knowledge is? _____
4. Can you control your horse with one hand? _____
5. Have you ever shot a single action revolver before? _____
6. What disciplines have you competed in? _____
7. How did you hear about our clinic? _____
8. What do you want to take away from our clinic? _____

Cost \$ _____ with \$ _____ deposit required at time of registration, email form to coregulators@gmail.com

Please make check payable to **Colorado Regulators** and mail to:

ATT: Megan Wilson
3714 Bellaire Ave
Loveland, CO 80537