



# Reining Workshop

Saturday, May 6th, 2017

Participant Name \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Clinic Participants \$200

Youth 18 & Under Participants \$100

Spectators \$30 (pay at the door)

**Please send check to:**

**CRHA**

**1920 Gratton St**

**Riverside, CA 92504**

**email [CRHAsecretary@aol.com](mailto:CRHAsecretary@aol.com)**

**Office (951)600-8999**

**Fax (951)509-1917**

**Cell/Text (951)205-0245**

**Location: Ingalls Equestrian Center Park, 3737 Crestview Ave, Norco**

**Check-in at 8am**

**Clinic Begins at 9am**

**All Participants and Spectators must sign Event Agreement and Release Waiver.**