



CLINIC REGISTRATION

Clinic Date: _____ Clinic Name: _____

Clinic Rate: _____ Private Evaluation Mini Lesson with Lynette before or after clinic \$25: YES or NO

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Emergency Contact: _____ Phone: _____

Email: _____

How did you hear about Lost Creek Ranch? _____

What do you need help with in your horsemanship? _____

What do you hope to learn or improve with this clinic? _____

\$50 deposit required to hold clinic spot. Mail check and Registration to:
Lost Creek Ranch N6842 570th St., Beldenville, WI 54003

Questions: Call 715.273.6070 or email: lostcreek@wildblue.net