



Christensen Performance Horses

Clinic Registration Form

Please fill in registration form and mail it to: 1102 Kenyon Rd. Twin Falls, ID 83301

Be sure to include a \$100 deposit to save your place in the clinic.

Students Name: _____ Age: _____ Grade: _____ Clinic Events: _____

Address: _____
Street City State Zip

Phone Number: _____ Clinic Location _____

Email(s) to keep in contact: _____

Years rodeoing: _____ A little bit of information about you and your rodeo career: _____

What would you like to gain/work on/develop at this clinic? _____

What are your strengths in the arena? _____

What are your weaknesses? _____

If you have any questions do not hesitate to call or email me. I will be glad to help you to the best of my ability. I look forward to meeting you all and will gladly accept any positive criticism in order to improve my clinics. I really enjoy teaching others as I have been taught throughout my life and I believe the people we learn from shape us into the cowboys and cowgirls we will become.

Please be sure to include your \$100 non-refundable deposit in order to secure your spot in the clinic. Spots are available on a first come, first serve basis. If the minimum number of deposits are not received we will have to move the clinic to another time. If the clinic is cancelled, we will refund your deposit or it may be used for a future clinic. If you have sent a deposit but cannot attend the clinic, your deposit will be honored for a future clinic.