

Registration Form: RIDER AUDITOR

Name: _____

Address: _____

City, State, Zip: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

I will be staying overnight at the Ranch (length of rig _____)

I will be staying overnight at a hotel/other accommodation _____

I have special dietary needs (please list: _____)

Payment Options:

PayPal to biz@cdwpa.com (include copy of payment receipt with registration form)

Check (made payable to Cowboy Dressage World)

Rider (\$1,400) (only 21 rider slots available) \$ _____

Auditor (\$100 per day) Fri _____ Sat _____ Sun _____ \$ _____

Auditor Saturday PM Dinner (\$25) _____ \$ _____

Total Amount Due: \$ _____

I have read the CDW Retreat and Super Clinic information and understand the scheduling and general format of event. Initial _____

I have read the Cancellation/Refund policy. Initial _____

Mail registration, check, and release forms to:

Bev Meyers
9660 Tavernor Road
Wilton, CA 95693

Or, email registration, PayPal receipt, and release forms to: bevmeyers@outlook.com

1. CDW-RELEASE-OF-LIABILITY-General-2020
2. LS Ranch Release of Liability