

B-C MELLO ARENA

WORKING RANCH HORSE CLINIC & BUCKLE SHOW

September 6th – 8th, 2019

5 Top Hand Clinicians:

Cattle Work & Ranch Reining with

Kristi Siebert, Logan Siebert – Rafter 2S Ranch

Clayton Eggers – CE Performance Horses

Ranch Trail with

Mitch & Jolinn Hoover – MJ Rising H Ranch

Participants will rotate through all 5 clinicians spending approximately 2 hours each

Friday Clinics rotation with all clinicians

Thursday, Optional private lessons with a clinician (not included in clinic fee).

Saturday & Sunday Buckle Show

Potluck Dinner Friday and Saturday evening. Main dish will be provided.

Lunch provided on Friday only for clinic participants. Breakfast on your own

Saturday Night Entertainment, Cowboy Poet Dwayne Nelson & Singer/Cowboy Poet Coyote Joe

\$250 Friday Clinic Fee

\$20 Per Class

\$50 Cattle Fee

\$10 Office Fee Per Horse

Dry Camping \$10 per night; Pens \$10 per night per horse

\$125 Deposit Required – Non Refundable††

Make Check Payable to: Cindy Mello

Mail Form & Check to Cindy Mello:

176 Horseshoe Bend Rd, Goldendale, WA 98620

Dogs must be kept on leash and in dry camping area at all times

†† - Deposit is required to hold your spot in clinic, balance due at beginning of clinic. It is a non-refundable and non-transferable deposit, without a Doctor's Letter or Veterinarian's Letter, releasing your horse & you do not have another horse you can use. If you have any questions, please call us 509-250-0726. Youth riders must have parent's signature. By my signature, I hereby release Kristie Siebert, Logan Siebert, Clayton Eggers, Mitch Hoover, Jolinn Hoover & B-C MELLO ARENA, facilities, its owners, officers, directors, agents, employees, volunteers, horse owners and owners, from any & all liability on account of loss, damage or injury that I or any person whom I allow upon B-C Mello facilities premise may incur. I hereby certify that every horse is eligible as entered. I make these entries at my own risk & am subject to the rules of this show & I agree for myself & my representatives to be bound thereby. I hereby personally assume all risks in connection with this activity and I release B-C Mello facilities, and other facilities used for the purpose of the clinic or retreat, its owners, officers, directors, agents, employees, horse owners and landowners from any liability of any kind or nature for injury or damage which may befall me or my property (including horse(s) and tack) while I am participating in this activity, or while I am at B-C Mello facilities or other facility used for the purposes of this activity, including, but not limited to loss of compensation. Once the clinic or retreat is in session, should I decide to withdraw from the agenda for any reason, there will be no refunds.

Participant Signature _____ **Date** _____

Guardian Signature if under 18 _____

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REGISTRATION & ENTRY FORM

Exhibitor Name _____ DOB _____

Phone _____ Email _____

Address _____ City/State/Zip _____

Horse Name _____ Age _____

Please complete separate entry form for each horse/rider combination

Rules emphasizes NSHA Rules & Regulations

Division:

Open _____ Non-Pro _____ Novice _____ Youth 14-18 _____ Short Stirrup 13 & Under _____

Classes: Please Circle Classes Entering

Must enter 4 classes to qualify for buckle

Saturday Classes

1) ___ Ranch Pleasure

2) ___ Ranch Reining

3) ___ Ranch Trail

Sunday Classes

4) ___ Ranch Cow Work

5) ___ Ranch Trail Timed & Judged

6) ___ Ranch Mountain Trail

Office Fee \$ 10.00

Clinic Fee @ \$250 = \$ _____

Division: _____

___ Classes @ \$20 = \$ _____

Cattle Fee @ \$50 \$ _____

___ Dry Camping @\$10per night \$ _____

___ Pens @\$10 per night \$ _____

TOTAL: \$ _____

DATE RECEIVED: _____

CHECK NUMBER: _____

AMOUNT _____

AMOUNT DUE: _____

RIDER NUMBER: _____