

Ranch Riding Clinic Entry Form

Hosted By **Wausau Boot and Saddle** Clinician: **Richelle Beene** Date: **September 13th, 2025**

Cost: Must include half the amount in a deposit to secure your spot. Please make checks payable to Wausau Boot and Saddle. All day fee available (includes price of clinic and classes at the show in the afternoon – all fees included).

Name: _____ Horse Name: _____

Address: _____

Phone Number: _____ Email: _____

Only needed if also doing the show:

Exhibitor # _____ Birth Date: ____/____/____ Horse's Age: _____

Sex of Horse: Stallion _____ Gelding _____ Mare _____

Class Number: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____

9 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____ 15 _____

Please fill out fees below:



Scan to access website

WBS Member Clinic Fee x \$36.00 = _____

Non-Member Clinic Fee x \$46.00 = _____

WBS Member All Day (Clinic and Show) Fee x \$46.00 = _____

Non-Member All Day (Clinic and Show) Fee x \$56.00 = _____

Total Fees: _____

Any questions, please reach out to Danielle Lampe (Phone: 715-551-5897 or email:

wausaubootandsaddle@gmail.com)

Please mail this form filled out, deposit and copy of Coggins to:

Danielle Lampe 2531 Golden Rd, Plover, WI 54467

Lunch will be available on grounds to purchase.

Release of Liability

Wausau Boot and Saddle and the sponsors of this show assume no responsibility in case of loss or damage to persons, horse or personal property from any cause, and upon this condition only are entries accepted. "Notice: WBS and its members are not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in section 895.481(1) of the Wisconsin Statutes."

_____/_____/_____
Signature of Exhibitor Date Signature of Parent or Guardian (if under 18 years of age)