

New Shooters Clinic

Sunday, March 22, 2020

Check in at 9:00 a.m., coffee and donuts provided Clinic starts at 10:00 a.m.

Silver Spurs Equestrian Center – 1310 Lamb Rd., Woodstock, IL 60098

Please provide one completed application for each participant Limited to 10 participants Pre-registration deadline March 20, 2020

Name:					
Address:					
City:		State:		Zip:	
E-Mail:					
Phone: area	code: ()				
Classroom sessi Mounted shootir	hooters Clinic inclu on only including la ng only – per person ng only – per person	unch - per person n (Completed classr	n	son \$85.00 \$30.00 \$65.00 \$55.00	
	UESTIONS CALL: NIO Email: <u>Info</u>	1630 Ridge Road, W	/alworth, WI tzke: Phone: 2	53184 Phone: 262-949-38 262-949-4403	307
inherent upon such events, incequine to behave in dangerous persons, or animals, and the hame by the Northern Illinois Obassume the risks associated wifrom any and all such claims a contest. Warning: Under the	cluding but not limited to accidentally ways that may result in injury to the azards of surface or subsurface control with the Cowboy Mounted Shock the such events. The contestant shall indemnify, from all liability, day are Equine Activity Liability Act, ear injury, loss, or damage to person	Il discharge of firearms, loss of the participant, the inability to additions. In consideration of the oring Association and its agent Il, at his own expense, defend amage and costs arising from it arch participant who engages	f property through n predict an equine's e right to participate s, and Silver Spurs l management and/or njuries to person or in an equine activi	of responsibility for the risks and hazard nisplacement or theft, the propensity of reaction to sound, movements, objects in these events and the services provide Equestrian Center, I have and do hereber all sponsors, their members, or employ property occasioned by act or omission ty expressly assumes the risks of engage activities.	f an i, ded for by yees n of the
Signature of Participant		Dat	Date		
Signature of Parent or C	Guardian	Dat	e		
Office Use Only:	Date Paid	Amount Paid	Cash	Check No.	
Office Use Univ:	ĺ	I			