

Kelly Kaminski Barrel Racing & Horsemanship Clinic Registration Form

Date: September 19-21, 2008

Place: Dos Olivos Arena
2995 S River Road, Templeton CA

Cost: \$400 Two-day Clinic & Social
\$25 per day Spectator Fee

Registration Form Due: August 19th

Contact Information: Currie Bailey
currie_b_2000@yahoo.com 805-674-9002

**Send Registration and
\$150 non-refundable
deposit to:**

Kelly Kaminski
PO Box 962
Bellville, TX 77418
979-885-0031

Balance due upon arrival at clinic

Name: _____ **Phone:** _____

Address: _____ **City, ST Zip** _____

Email: _____ **Age:** _____

Are there any health or physical conditions that the staff should know about prior to the clinic? _____

Minor Participant Release

I hereby allow the above minor participant to attend the Kelly Kaminski Barrel Racing and Horsemanship Clinic. ***Age Limit of 8 years old.***

Signed: _____

If under 18 a parent or guardian signature is required to attend.

Every effort will be made to ensure the safety of each student and their horses. I hereby release Kelly Kaminski and the Kelly Kaminski Barrel Racing and Horsemanship Clinic, and/or any of the sponsors, assistants or facility owners from liability in the event of an accident.

Signature: _____

***Required signature of clinic participant to be notarized
(parent signature if participant is a minor)***

State of: _____ County of: _____

Signature of Notary Public

Printed name _____ My commission expires: _____

Complete both pages and mail together

CLINIC QUESTIONNAIRE

1. Circle one of the following categories which best describes your riding level:
 - a. Beginner
 - b. Novice
 - c. Experienced
 - d. Very Experienced

2. Circle the areas that you compete at:
 - a. PRCA Rodeo
 - b. Amateur rodeo
 - c. Jackpots
 - d. Playdays and gaming
 - e. Other _____

3. How many years have you been competing? _____

4. Does your horse run to the right or left? _____

5. How long has your horse been running barrels? _____

6. List any problems that you are having with your horse.

7. List any problems that you are having.

8. List anything that you would like to specifically learn at this clinic.

Tell me about your horse!

Name _____ Age _____

Sex _____ Breed _____

How long have you been together? _____

Complete both pages and mail together