



ANACONDA SADDLE CLUB POLE BENDING CLINICS

Registration Form

- ◇ 15 rider limit
- ◇ Your spot is confirmed when payment is made.
- ◇ Unpaid entries can be bumped by a paid registration. Please confirm prior to travel.
- ◇ Auditing is free but donations are appreciated!
- ◇ Helmets recommended for riders under age 18; must sign helmet waiver if no helmet
- ◇ Questions? Contact Kristie Vauthier 406-560-4070 or Marsha Hill 208-867-3714

Clinics

<ul style="list-style-type: none">Please indicate, in priority order, <i>all clinics</i> for which you can be available. Make your first choice #1, next #2, last #3.If you are not available for one of the clinics, do not respond or put an X in that box.	
	Friday, June 3, 12 p.m. – 3:30 p.m.
	Friday, June 3, 4:30 p.m. – 8:00 p.m.
	Saturday, June 4, 8:30 a.m. – 12:00 p.m.

Please reserve my spot!
My payment of \$40 is enclosed!

All proceeds go to support the
ASC Crow's Nest project.

Address & Mail Check to:
Friends of the Anaconda Saddle Club
Attn: Pole Bending Clinic
81 Saddle Club Dr
Anaconda, MT 59711
Or pay via Venmo to Kristie Vauthier

NAME: _____

STREET: _____

CITY, STATE, ZIP: _____

PHONE: _____

EMAIL: _____

DATE OF BIRTH: _____

AGE: _____

By submitting the above entry, I hereby agree to subject myself and my horses to the rules and regulations of the Anaconda Saddle Club. I further assume all risk of injury from my involvement with the activities related to this entry, and hereby expressly agree to forever discharge, release, defend, indemnify, and hold harmless the Anaconda Saddle Club any sanctioning body, or any of their officers, directors, employees, agents, representatives, or participants from and against all losses, liabilities, obligations, or damages whatsoever suffered by myself, my horses, equipment, family or guests as a result of my participation in the event.

Signature: _____

(Parent/guardian sign for child under age 18)

Please complete back page!

Mail form to: Kristie Vauthier, Anaconda Saddle Club, 81 Saddle Club Dr., Anaconda, MT 59711
Or, Email form to: Kristie Vauthier, kvauthier@glacierbank.com &/or wkvauthier23@gmail.com

The two things I most want to get out of this clinic include (please explain below):