

# APPLICATION

Charlie Ashcraft Cutting Clinic  
November 22-23, 2008

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of Cutting Horse: \_\_\_\_\_

Emergency Contact & Number: \_\_\_\_\_

I will need a stall for \_\_\_\_\_ nights. I will arrive Friday after 4pm or Saturday by 8am. I understand that I will provide my own feed and hay.

\_\_\_\_\_ Yes, I would like to sign up for the cutting clinic beginning on Saturday, November 22nd and ending Sunday, November 23rd. The cost of the clinic is \$600 and my non-refundable deposit of \$250 is enclosed, check # \_\_\_\_\_ (You may make checks payable to Texas Star Ranch.)

When you receive my deposit, if the clinic is already full, I will be notified and given the option to be placed on a waiting list or have my deposit returned.

**PLEASE NOTE: I UNDERSTAND THAT IF I SIGN UP AND THEN CHOOSE TO CANCEL, MY DEPOSIT WILL BE FORFEITED.**

I am attending this event at my own risk and I release and hold harmless everyone connected with this event. Under Texas law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities.

**I have read and understand the above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return application and non-refundable deposit to:

Charlie Ashcraft  
C/o Texas Star Ranch  
5800 FM 2297  
Sulphur Springs, TX 75482  
Fax: (214) 946- 5334