

# WESTERN DREAM RIDE REGISTRATION FORM

★ **REGISTRATION ENDS**      **July 1, 2017 or 150 REGISTRATIONS**  
(WHICHEVER COMES FIRST)

★ **FEES** \$125.00 per person --- \$60.00 - 6-12 years --- Under 6 – FREE

★ **CLEARLY PRINT NAME (S) OF PARTICIPANTS**      Families –put all family members on one application

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

Additional Names \_\_\_\_\_  
\_\_\_\_\_

**Please indicate the number of stalls you would like to RESERVE. \_\_\_\_\_/\$30 per stall.**

**Stalls must be paid for a head of time. This must be included with your registration form. Make checks payable to Olympic Chapter BCHW.**

**(There is a limited number of stalls available, first come, first serve. You will be notified if there are none left.)**

**50% off Lodging (cabins, tepees, and large tents).—See Flying Horseshoe website for details.**

## LIABILITY RELEASE

**All Participants/Attendees including children must sign Liability Release:** If child is too young to sign, sign their name, and then sign for them i.e. (Johnny Jones by mother/father, etc.)

Recognizing the fact that there is a potential for an accident where horse use is involved, which can cause injuries to horses, riders, and spectators and also recognizing the fact that BCHW, INC., including chapters, officers, directors, members or Flying Horseshoe Ranch personnel cannot always know conditions of trails or the experience of riders or horses taking part in the Western Dream Ride and other activities, I hereby release the above named from any claim or right to damages that might occur to my minor children, horse or me.

Please initial that you have read the rules below

Per The Flying Horseshoe Ranch, smoking is not allowed on the ranch or on the trails. \_\_\_\_\_

All dogs are to remain at your camping site. They are not allowed in the dining area or in the cabins \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Make checks payable to:

**OLYMPIC CHAPTER BCHW**

Mail registration to:

**Julianne Rice**

**5390NE Elfendahl Pass Rd**

**Belfair, Wa 98528**

**(360) 509-4633**

[avasgrammy05@gmail.com](mailto:avasgrammy05@gmail.com)

Registration Amt:

# of Adults

\$125.00

# of Children

\$ 60.00

# of Stalls

\$ 30.00

**Total**

## NO REFUNDS

**YOUR CANCELED CHECKS ARE YOUR RECEIPTS**

If you need more space, use the back of the registration. PLEASE print name and sign below each name of all participants.