# Amber Wagoner-Toyne - Youth HSM
# * Registration Form *

Participant(s):_____

Parent(s): _____

Address: _____

City: _____ State:_____ Zip:_____

Phone: _____ Email: _____

Emerg Contact:_____ Phone:_____

Allergies:_____

Riding Level: Beginner Intermediate Advanced

Need a Horse: YES NO (If horse brought deemed unsafe a horse will be provided)

Will you camp out? YES NO (If so, bring tent, or sleep in trailer and sleeping bag)

YOUTH CAMP: Your child must obey rules and bedtimes 9:00pm _____ initial

## Clinics:

My child is enrolled in 4-H YES or NO

Youth Horsemanship 1

Lunch, Dinner, and drinks provided $525 (15% Off 4-H)

A NON-REFUNDABLE DEPOSIT OF $100 REQUIRED TO RESERVE SPOT

June 5 - 7, 2026

Youth Horsemanship 2

Lunch and drinks provided

$525 (15% Off 4-H)

A NON-REFUNDABLE DEPOSIT OF $100 REQUIRED TO RESERVE SPOT

August 7 - 9, 2026

Agree to **photos** taken and used on Website, Facebook & other Media? YES _____ NO _____

Initial Initial

ALL riders must wear jeans & pull off boots. Helmets will be required 17 & Under (can be provided)

_____ _____

Attendee Signature Date

_____ _____

Parents Signature Date

# Amber Wagoner-Toyne - Youth HSM
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Email to: wagonertrainingllc@gmail.com or Mail to: Wagoner Training LLC PO Box 151 Melrose MT 59743

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OFFICE USE

Clinic Participant: _____

Deposit Paid: _____ Date:_____ Check/Cash/Venmo/Paypal

Clinic(s) to attend: YOUTH 1 YOUTH 2

NOTES:

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