

# 2019 IRCHA TRIPLE THREAT CLINIC

NAME OF RIDER(s) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ CELL \_\_\_\_\_

Please describe your cow horse experience, situation (to assist with grouping):

\_\_\_\_\_

\_\_\_\_\_

## Clinic Fees

|                                | Number     |            | Total |
|--------------------------------|------------|------------|-------|
| Rider*                         |            | \$650.00** |       |
| Auditor (1 day)                |            | \$40.00    |       |
| Auditor (2 day)                |            | \$60.00    |       |
| Sat Dinner (for non rider)     |            | \$15.00    |       |
| IRCHA Membership<br>(required) | Individual | \$35.00    |       |
|                                | Family     | \$45.00    |       |
| Stall Fee per night, extra     |            | \$10.00    |       |
| RV Fee per night               |            | \$10.00    |       |
|                                |            | Total      |       |

\*\$275 non-refundable deposit required to hold the slot. The slot is not held until the deposit is received. Balance must be received by April 20.

\*\* The clinic fee includes a stall for 1 horse for 2 nights + dinner Sat evening for the rider. Extra stall nights are not included, RV slots are not included. Does not include stall bedding. You must bring your own.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

For IRCHA Membership (required for insurance purposes)

Please return form to:  
Shane Broome  
17400 Midland Blvd.  
Nampa, ID 83687-9318

2019  
Idaho Reined Cow Horse Association  
Membership Application

(Both owners and riders need to be a member for competition and insurance)

Name of Member: \_\_\_\_\_

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

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

**Email Address:** \_\_\_\_\_

Phone: Home (\_\_\_\_\_) Work (\_\_\_\_\_) Cell  
(\_\_\_\_\_)

Individual      \$35.00 \_\_\_\_\_      Pro \_\_\_\_\_

Family          \$45.00 \_\_\_\_\_      Non Pro \_\_\_\_\_

Youth         \$10.00 \_\_\_\_\_

Family Membership Names:

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