

High Country Outfitters Registration 2017 Horse Drive

1780 Nelson Siding Road, Cle Elum, Wa 98922
509-674-9554, 509 674-6852(fax)

NAME of Primary Contact(s) _____

Registered under _____ Party size: Adults _____ Children _____
(party name)

Address _____
street city state zip

PHONE: home _____ cell _____ work _____

Email address _____

Please tell us where you found us: _____ Thanks!

ACTIVITY: **Horse Drive** (Check One) 4 Days _____ (\$575) 3 Days _____ (\$450) 2 Days _____ (\$325)

Preferred dates: June 16th-19th _____ (All four days) or Day 1 _____ Day 2 _____ Day 3 _____ Day 4 _____

Note: Use one registration for everyone staying the same amount of days.

| Name | Age | Height | Weight | Riding Ability | Diet |
|-------|-------|--------|--------|----------------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

(Riding Ability rate each person Intermediate, Experienced or Expert) Gluten Free add \$25.00

Total Cost \$ _____ (add 8% tax) Deposit \$ _____ (50% of total) Check # _____

Deposit Date _____ Balance Due \$ _____ Check # _____ Balance Paid Date _____

Master Card _____ Visa _____ Discover _____ American Express _____

Credit Card Number _____ - _____ - _____ - _____ Expiration date ____/____

Permission to charge the balance due 2 weeks prior to my trip: ___yes ___no

Authorized Signature _____ Print name _____

Billing address for Credit Card Street _____

City _____ State _____ Zip _____

- Call or email in advance to reserve your trip.
- Balance is due billed two weeks prior to ride.
- Deposits are none refundable
- Please note any physical limitations or conditions.
- Confirmation will be sent via email.
- Releases must be signed before you ride.