

**3<sup>rd</sup> Annual M.S.U.  
Saddle Bronc & Bull Riding Clinic  
March 5-7, 2010**

**Registration Form**

**Name:** \_\_\_\_\_

**Event:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**(If under 18 please have legal Guardian sign attached waiver. Waiver must be signed before participation)**

**Contact info:**

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

**Phone:** \_\_\_\_\_

**Amount enclosed:** \_\_\_\_\_