

**EQUINE BREEDS ACROSS THE U.S.
SPRING TRAVEL COURSE
REGISTRATION FORM**

**MUST BE RETURNED BY MARCH 1ST, 2017 TO RECEIVE THE
DISCOUNTED RATE**

(Registration is limited so early registration is highly encouraged!)

Name (as it appears on Government issued I.D.) _____

Address _____

City, State, Zip _____

Phone Number _____ E-mail _____

Class Level (by credit) _____ Major _____

Payment: Total cost below includes one round trip airline ticket from Denver International Airport to the destination city AND most all other travel expenses including transportation and lodging. **You will be responsible for meals.**

If registered BEFORE March 1st – total cost is \$700

If registered after March 1st but before March 20th – total cost is \$750

Registration is not possible after March 20th, so register early!!!!

Please note: priority will be given to Junior and Senior level students (>60 credits) until February 20th. After February 20th, registration is open to all students.

Check Only (made payable to Colorado State University)

Please return this form plus registration fee to: Ryan Brooks or Cassidy Perricone at the CSU Equine Center – you can also leave both registration form and payment with Louise.

For more information or questions, contact:

**Ryan Brooks (ryan.brooks@colostate.edu) or Cassidy Perricone
(cassidy.perricone@colostate.edu)**

Once your registration form has been received, more details will follow including dates for preliminary meetings.

TURN OVER

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Medical Information

Name _____ Sex _____

Date of Birth _____ CSU Student ID # _____

Parent or Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Name and phone numbers if individual(s) to contact in case of emergency (if different than parent/guardian) _____

Medical Insurance Company _____

Policy Number _____

Please describe any physical condition you may have that precludes physical activity, exposure to barns/ranches, traveling on a charter bus, etc.:

Please list any medications you will be taking _____

Please list any allergies (food/drug/environmental) _____

Please describe any conditions of dietary concern _____
