



# W BAR M RANCH BEGINNER MOUNTED SHOOTING CLINIC

## JUNE 2, 2019

### WALLA WALLA, WA

Clinicians: Torrie Griggs, CMSA Ladies Level 5

SATURDAY, 9AM REGISTRATION / 10AM START

**GUNS AND AMMO WILL BE PROVIDED, PLEASE BRING A SACK LUNCH, NO ADDITIONAL CONCESSIONS**

### 1 DAY CLINIC FEE \$200\*

#### FEES

DEPOSIT	\$50	_____
CLINIC BALANCE <i>(due by 5/15/19)</i>	\$150	_____
STALL \$15 PER NIGHT X _____	=	_____
<b>TOTAL FEES:</b>		_____

DRY CAMPING IS FREE. DRY CAMPING      YES      NO

Email completed entry form to:

[wbarmranch@gmail.com](mailto:wbarmranch@gmail.com)

& Pay via the website,

[www.WBarMRanch.com](http://www.WBarMRanch.com)

-or-

Mail entry form &

Checks payable to:

**W Bar M Ranch, LLC**

**6160 Stateline Rd**

**Walla Walla, WA 99362**

PARTICIPANT NAME: \_\_\_\_\_

PHONE#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

\*Deposit is required to hold your spot in the clinic, balance due at or before the beginning of the clinic. Please fill out all information. Youth riders must have a parent's signature. All riders must sign an additional waiver for W Bar M Ranch, LLC at or before registration day.

By my signature, I hereby release W Bar M Ranch, LLC, it's owners, agents, employees, volunteers and Torrie Griggs from any and all liability on account of loss, damage or injury that I or any person whom I allow upon said property may incur. I make this clinic entry at my own risk and am subject to the rules of W Bar M Ranch, LLC, and agree for myself and my representative to be bound thereby.

\_\_\_\_\_  
Clinic participant Signature Date

\_\_\_\_\_  
Guardian of Clinic participant Signature Date

**For further information, contact:** Karen Wilcox • 509-301-5045 • [wbarmranch@gmail.com](mailto:wbarmranch@gmail.com)

## **www.WBarMRanch.com**