

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

MUST BE RETURNED BY FEBRUARY 27th, 2009
(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 _____

Year in School _____ Major _____

WebCT log-in "eID" _____

Payment:

\$200 ***non-refundable*** deposit due with this form by Feb. 27th, 2009.

Check Only (made payable to Colorado State University)

Balance (\$700) due by March 28, 2009

Please return this form plus the deposit to:

Pamela Harmeyer
CSU Equine Center

**For more information or questions, contact Pamela Harmeyer or
Megan Mann:**

mmmann@rams.colostate.edu Pamela.harmeyer@colostate.edu

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

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SPRING TRAVEL COURSE**

Medical Information

Name _____ Sex _____

Date of Birth _____ Social Security # _____

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, late night activity etc;

Please list any medications you will be taking _____

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

Please describe any conditions of dietary concern _____
