Conquering The Beast

Professional Bull Riding Training Camp

2007 Registration Form

Please fill out the information below and either hand deliver it back to the contact person or mail it in to the Western Harvest Ministry offices before the deadline date of the camp you are desiring to attend. We are very excited and honored that you have prayerfully chosen our outreach services to assist you in developing your future both in and out of the arena.

Personal

Name: _____ _____ _____ _____

Last First Middle Rides As

Address: _____ _____ _____ _____

Street or Post Office Box City State Zip

Phone & Email:

Home: (_____)_____ Work: (_____)_____ Cell: (_____)_____

Fax: (_____)_____ Email: _____

Experience

Have you ever attended a Bull Riding School?

☐ NO ☐ YES: When _____Where _____Who instructed it _____

How long have you been riding? _____

What level are you currently riding at? _____

Do you have any memberships such as: National Little Britches, Local Jr. Rodeo Associations, High School, Intercollegiate, Armature Associations, Professional Cards, PRC, PBR, CBR, IPRA, etc._____

_____

Miscellaneous

Do you have health insurance?_____

Would you like to learn more about career planning? _____

Are you currently implementing a workout program? _____

Do you regularly practice on both bucking simulators and real bulls? _____

What are a couple of goals you have in mind to learn from the camp? _____

_____

In your opinion, what will we be help you with the most? _____

_____

Faith

Have you ever made a personal decision to receive Jesus as your Lord and Savior? _____

If you were blessed with the opportunity to ride on our tour, with the new CTB Pro Bull Riding League, would you accept? _____

Local Contact Information

Group: _____

Name: _____

Address: _____

Phone: _____

Impacting Lives with Extreme Sports & Gods Love

Western Harvest Ministries
1119 Salt Creek Road
Springtown, TX 76082

Conquering The Beast Training Camps are an outreach of Western Harvest Ministries, Inc.