



## Enrollment Application

Fill out and return to: *Royal Tine Packer School*

*PO Box 809*

*Philipsburg, MT 59858*

**MAKE CHECKS PAYABLE TO CODY HENSEN**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (        ) \_\_\_\_\_ Work or Cell Phone (        ) \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Email address \_\_\_\_\_

1. **Do you have any health problems, physical limitations, handicaps, allergies, etc.?** Yes \_\_\_ No \_\_\_ If so, please describe. Include medicines and food restrictions. \_\_\_\_\_

2. **Dates of school session applying for** \_\_\_\_\_

3. **Mode of Travel:** Air \_\_\_ Personal Vehicle \_\_\_

4. **Stock experience:** Horse - some \_\_\_ a lot \_\_\_ Mule – some \_\_\_ a lot \_\_\_

5. **Packing experience:** none \_\_\_ some \_\_\_ a lot \_\_\_

6. **Type of Packing experience:** decker \_\_\_ sawbuck \_\_\_

I, the undersigned, do hereby apply to the Royal Tine Packer School, to be enrolled and accepted as a student, and do hereby agree, if enrolled and accepted, to the enrollment terms, including refund policy and terms for dismissal. Due to our limited number of enrollment, it is the policy of this school that once a reservation is made and a deposit sent, and the student accepted by the school, the deposit is **non-refundable** and **non-transferable**. I agree to abide by all rules and regulations of the school, as they exist at present and may be hereafter amended, and any failure to do so shall grant the school the option to suspend or terminate my enrollment. I understand the reasons for dismissal are, but not limited to:

- a. Use of intoxicating liquors and/or drugs
- b. Misuse or abuse of equipment or animals.
- c. Any behavior deemed unsafe or disruptive to fellow classmates or staff

I have enclosed my enrollment fee deposit of 50%; **payable to Cody Hensen**. I understand the remaining balance is to be paid 30 days prior to course start date. Due to the nature of the school, I fully assume and accept all responsibilities for any accidents or injuries I may suffer during the period of enrollment. I further release and discharge the school, its owners and operators, instructors, horse owners, and owners of the land upon which any of the classes or training is taking place in all manner from suits, actions and causes of actions under the terms herein set forth.

Applicants signature \_\_\_\_\_ Date \_\_\_\_\_

- 50% non-refundable and non-transferable deposit required on all classes with balance due 30 days prior to course start date.
- Paying with check or money order make payable to **CODY HENSEN**
- If you have any questions, call 406-859-5138 or email [royal\\_tine@yahoo.com](mailto:royal_tine@yahoo.com)