

**Roman Nose Hills Trail Ride
Print Registration**

Just complete this form. Mail to Watonga Hospital Foundation, Watonga Hospital Foundation, Inc. Trail Ride,
P.O. Box 370, Watonga, OK 73772

First Name : _____ Last Name: _____

Address : _____

City : _____ St. _____ Zip : _____

Email address: _____ Phone # : _____

Riders in (please list):

Please Bring Something to Donate to the SILENT AUCTION

Pre-register on line, or toll free @ 1-877-782-2395 to lock in your \$50.00 registration

Pre-Register at \$50.00, Fill out form above and then “ Just pay as you Enter at Gate”

Meals are included if you are a paid rider. Guest Meals are Extra (\$15.00 for all three days)(\$5.00 Single Meal)