



# Ranching For Profit School

## Registration Form

<b>Tuition (US\$)</b> Tuition includes workbooks, planning forms and meal package.	
\$2,750	First Participant from your business
\$2,000	Each Add'l participant attending an RFP school in the same year <b>and</b> New Participants from EL Businesses
\$500	Alumni repeating the school

**Deposit:** \$300 deposit per student is required for all registrations to be valid. (Check/PAYPAL/Money order).

**Cancellation Policy:** Cancellation of a registration does not affect a registrant's financial liability. The deposit is non-refundable but is 100% transferable toward any school held within 13 months of the school in which you originally enrolled. Substitutions are welcome. **No shows will lose their deposit.** Visit the RFP FAQ web page, [www.ranchingforprofit.com](http://www.ranchingforprofit.com), to read our refund policy.

**Contact** me about the payment plan: YES \_\_\_\_\_ NO \_\_\_\_\_

Please return this form with your deposit to: **RMC, 856 High St. Wheatland, WY 82201**

**How did you hear about the RFP School?** \_\_\_\_\_

Farm/Ranch/Business: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip code: \_\_\_\_\_ Country: U.S.

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Enterprise: (check all that apply) Cow/Calf  Seed Stock  Stocker/Grasser  Bison  Sheep  Feed Lot   
 Custom Graze  Backgrounding  Farming  Other: \_\_\_\_\_

Has anyone from your business ever attended the Ranching For Profit School? Yes  No

	Student names as they should appear on the name tag. Phone and email if different than above.	Repeat Y/N	EL Y/N	Age Group (circle)	School Date	School Location
Student 1	Name: _____ Phone: _____ Email: _____ Title (check all that apply): Owner/Owner's Family <input type="checkbox"/> Manager/Employee <input type="checkbox"/> Other: _____			20-30 31-40 41-50 51+		
Student 2	Name: _____ Phone: _____ Email: _____ Title (check all that apply): Owner/Owner's Family <input type="checkbox"/> Manager/Employee <input type="checkbox"/> Other: _____			20-30 31-40 41-50 51+		
Student 3	Name: _____ Phone: _____ Email: _____ Title (check all that apply): Owner/Owner's Family <input type="checkbox"/> Manager/Employee <input type="checkbox"/> Other: _____			20-30 31-40 41-50 51+		
Student 4	Name: _____ Phone: _____ Email: _____ Title (check all that apply): Owner/Owner's Family <input type="checkbox"/> Manager/Employee <input type="checkbox"/> Other: _____			20-30 31-40 41-50 51+		

**If the school date is within 10 days of your registration please call 307-213-6010 to ensure space is available.**