



Ranching For Profit School Registration Form

Tuition (US\$) 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 and New Participants from EL Businesses
\$750	Alumni repeating the school-must be paid in full at the time of registration

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, to read our refund policy.

Contact me about the payment plan: YES____ NO____

Please return this form with your deposit to: **RMC, 856 High Street, 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.