Dave Hettinger Outfitting
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## **CLIENT RESERVATION FORM (Summer Horse Pack Trip)**

Name:				
Address:				
City, State, ZIP:				
Phone: Home	B	sus.	Cell	
Email:				
Weight:	Height:	Date of Birth		
Trip Dates:		Trip No.:	Trip Cost:	
DEPOSIT ANI	O REFUND POL	ICY		
	tion takes place D		ation. Deposits are non-refundable will credit the deposit toward a fur	
HELPFUL INI	FORMATION			
Do you have an	y health condition	s or allergies or food res	rictions we should be aware of?	
For your safety,	will you be able t	o walk down steep grade	s leading your horse.	
Please rate your	level of horse exp	perience: None Very Li	nited Limited Confident Rider	
Signature:			Date:	