

CLINICS/SCHOOLS/RETREATS RIDER PROFILE

It is our desire through our clinics and schools to provide you with the tools to help you achieve your goals of reaching a higher level in your horsemanship skills. One of the resources to help us help you is a clear understanding of your needs. Please take time to answer the following questions and return to us. We are here to help you & we plan on having a great time with you! Feel free to add pages, the more we know, the better.

Rider Name _____

How many years experience have you had with horses? _____

What is your riding level on a scale of 1 (beginner) or 5 (advanced)? _____

Breed, age, sex of horse you are bringing: _____

Level of training (Circle all that apply)

- | | | |
|--------------------------------------|--|-------------------------|
| Green Broke | Neck Reins | Trained for show |
| Over 4yr/still in snaffle bit | Finished/needs "tune-up" | competition type: _____ |
| | Has problems/need re-programmed | _____ |

Other _____

Types of riding you are pursuing or would like to pursue (circle all that apply):

- | | | |
|----------------------------|-----------------------------|-----------------------------------|
| Pleasure/Trail | Barrels/Gaming | Show Trail/Mt. Trail/Trail Trials |
| Mountain/Packing/Endurance | Team Penning/Sorting | English/Dressage/Jumping |
| Ranch/Cow Work | Cutting | Other: _____ |
| Roping - type: _____ | Cowhorse/ Ranch Versatility | |
| | Reining | |

Describe what you feel are you & your horse's strengths & weaknesses as a team:

Describe what you feel are your "problem" areas you need help with:

Please list at least 2 or more specific goals you hope to achieve through this clinic:

Clinic Type enrolled in: Trail Horse I Date: June 6-8, 2008

Location: _____

Payment Info: **Clinic Fee** \$ 375.00 ck# _____
 50% Deposit \$ _____ ck# _____
 (due 30 days prior clinic, non-refundable)

Clinic Balance - due 1st day of clinic \$ _____
 Cattle Charge (non-refundable) \$ _____

Stall fee \$8 /day x #Days _____ x # Horses _____ \$ _____

Applicable arena fee's (fee's will vary according to clinic location) \$20

Catered Meal/BBQ/Potluck - \$ _____ per plate x _____ plates = \$ _____

See attached flyer for additional fees.

Balance Due at Clinic \$ _____ ck# _____