

Leatherwood Ladies Horsemanship Camp 2015

Participant Sign Up Form (RIDER)

This will be used by the Instructor and Leatherwood Mountains to develop programs and serve you better.

Rider's Profile:

Rider's Name: _____ Age: _____ (lie if you want!)

Address: _____

Phone: _____ Email: _____

Emergency contact Information:

How many years have you been riding: _____

General Experiences Riding:

Goals/expectations for the Clinic:

Do you have any specific issue or fear with your riding that you are dealing with now?

Is there anything you are not comfortable doing or have physical limitations?

Are there any foods you are allergic to or dislike Greatly?

Special Health Notes: (Can be discussed in private)

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Participant Sign Up Form (HORSE)

This will be used by the Instructor and Leatherwood Mountains to develop programs and serve you better.

Horses Profile:

Horses Name: _____ Age: _____

Breed: _____ Color: _____ Height: _____

Owner of Horse(if different): _____ Contact info of owner: _____

General Experiences: (Training level, type of riding, how often ridden, etc.)

Goals for the Clinic:

Does your horse have any specific behavior issues that he needs work with?

Is there anything your horse is not comfortable doing or has physical limitations doing?

Does your horse have any special needs or care?
(lameness, Special Diet, special condition, etc.)