

**CLINICS/SCHOOLS/RETREATS RIDER PROFILE**

We hope to provide you with tools that help achieve your horsemanship advancement goals. Please help us attain a clear understanding of your needs by answering the following questions. Feel free to add more information on a separate sheet or email if desired.

**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 (check all that apply):

- Green Broke
- Over 4yr/still in snaffle bit
- Neck Reins
- Finished/needs "tune-up"
- Has problems/need re-programmed
- Trained for Show

**Other:** \_\_\_\_\_ **Competition type:** \_\_\_\_\_

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

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

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

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

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

**Clinic Title: Cowgirl Up! Camp© Clinic Dates: Aug. 4-7, 2011 Clinic Location: Redmond, OR**

**~Make Checks Payable to Clinic Host: MJ Rising H Ranch**

<b>Payment Info:</b>	Camp Fee	\$ 825/rider	\$ 825.00
	Extra Horse	\$20/night x # nights	\$
	<b>Total Amount Due</b>		<b>\$</b>
	<b>50% Clinic Fee Deposit (due 30 days prior to the clinic/ non-refundable)</b>		<b>\$ 400.00</b>
	<b>Balance Due (First day of Clinic-Pay Clinic Host)</b>		<b>\$</b>

**Deposit Paid By:** Check # \_\_\_ or Visa/MC # \_\_\_\_\_ Exp. Date \_\_\_ or Cash

**Balance Paid By:** Check # \_\_\_ or Visa/MC # \_\_\_\_\_ Exp. Date \_\_\_ or Cash

Please list any special needs below:

\_\_\_\_\_

\_\_\_\_\_

