



***VANA BEISSINGER - DOOLITTLE  
BARREL RACING & HORSEMANSHIP CLINIC***

**Date: Saturday April 7, 2012**

**Venue: Cross Creek Rodeo Ranch \* Edgefield, SC**

The fee for Vana's Clinic is \$75/with horse. To reserve your spot, mail in \$50, non refundable, deposit along with this completed registration form by March 24. Limited riders, on a first come basis. After March 24, if any open spots are available, only cash or cashiers check will be accepted. Unlimited number of auditors welcomed at \$25 per day/auditor. Auditor's fees are due in full by March 24.

**Check in April 7<sup>th</sup> from 8:00am – 8:30am**

**Clinic hours: April 7<sup>th</sup> ~ 9am to 5pm**

**(Please print all information)**

Name of participant: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail: \_\_\_\_\_ Age \_\_\_\_\_

Total amount enclosed: \_\_\_\_\_

Every effort will be made to ensure the safety of each student and their horses. I hereby release Vana Doolittle, and/or any sponsors, assistants or facility owners from liability in the event of an accident. Riders may only ride one horse in clinic. Must ride same horse the length of clinic. Current negative coggins required. Sorry, no refunds. If student/horse is unable to complete clinic, there will be no refunds.

Signature Of Participant: \_\_\_\_\_

I hereby allow the above minor participant to attend this clinic.

Signature of Parent or Guardian (required for minor): \_\_\_\_\_

**Contact for this clinic: Vana Doolittle (803) 637 - 9391 ♦ vana@crosscreekrodeo.com**

**Make checks payable & return registration to:**

**Vana Doolittle 1210 US Hwy 378E ♦ Edgefield, SC 29824**

\* You will receive additional information & itinerary after receipt of your deposit.

## Participant and Horse Registration Form

Please fill out to the best of your knowledge. If you do not know the answer , put a "?" in space so I know the question was not overlooked.

Student Name: \_\_\_\_\_

Which best describes your riding level: Beginner\_\_ Novice\_\_ Experienced\_\_ Very Experienced

Circle the areas you compete at: Rodeos NBHA Play Days/Gaming Other \_\_\_\_\_

How many years have you been competing? \_\_\_\_\_

Does your horse run to the left or right barrel? \_\_\_\_\_

How long have you & your horse been running barrels together? \_\_\_\_\_

Horse's Barn Name \_\_\_\_\_ Age of horse: \_\_\_\_\_

How tall is your horse: \_\_\_\_\_ How much does your horse weigh? \_\_\_\_\_

Does your horse have any lameness problems that your aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Brand name of grain you feed: \_\_\_\_\_

Protein percentage: \_\_\_\_\_ Fat percentage \_\_\_\_\_

How much grain do you feed your horse per day? \_\_\_\_\_

How many times per day do you grain your horse? \_\_\_\_\_

What type of hay do you feed? \_\_\_\_\_

How much hay do you feed your horse per day? \_\_\_\_\_

List any vitamins or supplements you feed: \_\_\_\_\_

What type of shoes is on your horse? Front \_\_\_\_\_ Back \_\_\_\_\_  
(Rims, Barrel Plates, Aluminum, Eventers, etc)

Do you tell your farrier how you want your horse shod? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain how you like your horse to be shod? \_\_\_\_\_

How often does your farrier shoe/trim your horse? \_\_\_\_\_

What is your exercise program for your horse? \_\_\_\_\_

How often do you work your horse on barrels? Slow work \_\_\_\_\_ Fast work \_\_\_\_\_

What brand of saddle do you ride? \_\_\_\_\_ What is the seat size? \_\_\_\_\_

Did you buy it: New \_\_\_\_\_ or Used \_\_\_\_\_

Name of bit you use during competitions: \_\_\_\_\_

Do you exercise your horse in this bit? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, list other bits used: \_\_\_\_\_

List any leg protection you wear on your horse: \_\_\_\_\_

Any extras you do to your horse(chiropractic, acupuncture, whirl pool boots, etc) \_\_\_\_\_

Have you had your horse injected? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list where and how often: \_\_\_\_\_

Does your horse get sore? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

Does your horse have problems handling certain footing? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

List any habits your horse is doing that you would like to change: \_\_\_\_\_

What would you like to accomplish from being at this clinic: \_\_\_\_\_

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What other clinics have you attended: \_\_\_\_\_

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