

DISCOVERING YOUR HORSEMANSHIP

with Vana Beissinger Doolittle

Horse & Rider Clinic

CLINIC ENROLLMENT FORM

A \$25.00, non-refundable, deposit is required to reserve your space along with this enrollment form filled out and copy of current coggins on the horse you are riding at the clinic(s) by March 17. Limited riders, on a first come basis. Remaining balance is due in full first day of each clinic. Unlimited Auditors welcomed at \$15.

(Please print all information)

Name: _____

Mailing Address: _____

City, State & Zip: _____

Phone: _____ Email: _____

Participants Age: 16 - 25____ 26 - 45____ 46 - 60____ 61 or older ____

Other clinics you have attended: _____

Please check the clinic(s) you wish to attend:

▪ March 31, 2012 - *Discovering Your Horsemanship* () Auditor \$15/day () Rider \$50

Please reserve an outdoor pen for my horse @ \$15/clinic. Enclosed is \$_____ for outdoor pen(s).

Total amount enclosed for clinic(s) and pen(s): \$_____.

I hereby allow the above participant to attend the **Discovering Your Horsemanship**

Signature of parent or guardian(required for minor): _____

Every effort will be made to ensure the safety of each participant and their horse. I hereby release Vana Doolittle, and or sponsors, assistants and facility owners from liability in the event of an accident.

Signature of participant: _____

Riders may only ride one horse in clinic. Must ride same horse both days of clinic. First come, first serve. Current negative coggins required on horse your bringing to clinic.. Please send copy with registration form. Sorry, no refunds. If participant / horse are unable to complete clinic, there will be no refunds.

Please make check payable to: Vana Doolittle

Return form, payment & copy of coggins to: Vana Doolittle 1210 US Hwy. 378E * Edgefield, SC 29824

Upon receipt of your deposit, additional information & itinerary will be sent to you.

Please fill out to the best of your knowledge. If you do not know the answer to a question, write "?". The answers to these questions will help Vana to familiarize herself with you and your horse before the clinic.

Participants Name: _____

Which best describes your riding ability? __Beginner __Novice __Experienced __Very Experienced

How long have you been riding? _____

How often do you ride? _____

How long have you had the horse you are bringing to the clinic? _____

Horse's barn name? _____

Age of horse? _____

Breed of horse? _____ Gender of horse? _____mare _____gelding

How tall is your horse? _____

Your horse is used for ____pet ____trail ____show ____gaming ____other_____

Does your horse have any soundness problems that you know of? ____ yes ____no

If yes to above question, please explain: _____

Brand name of grain your feeding: _____

Protein percentage of your feed: _____ Fat percentage: _____ Fiber percentage _____

How much grain do you feed your horse per day? _____

How many times a 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 vitamin supplements you feed: _____

List any other supplements you feed: _____

Is the horse your bringing to the clinic shod? ____yes ____no

Has your horse had previous professional training? If yes, list with who. _____

List any habits your horse does that you do not like: _____

What would you like to accomplish being at this clinic? _____

Where did you hear about the clinic? _____

Discovering Your Horsemanship

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