
2010

LEADERS & LEGENDS CLINIC SERIES

NAME OF RIDER _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
EMAIL ADDRESS _____
HOME TELEPHONE _____ CELL _____

How many horses are you bringing? _____ How did you find out about the clinic?
 SRCHA mailer Email via ASHA/SHOT Email/Website via SRCHA Quarter Horse News Poster @ local feed store/vet
 Other (please explain) _____

1) What events & activities do you and your horse participate in?

Cowhorse Cutting Reining Trail Pleasure
 Ranch Rodeo Ranch Horse Versatility Roping

2) Are you a member of any of the following associations?

NRCHA NCHA NRHA AQHA APHA
 ASHA/SHOT OK-SHA SRCHA Other breed Association

3) Have you shown before? _____ How many times? _____

4) Do you consider yourself: Beginner Intermediate Advanced

5) We will be working on several different disciplines. Please rank them in order of priority for you the horse you will be bringing (1=highest priority, 2=next highest and 3=last priority).

Reining Herd Work Boxing & Fence Work

6) Other than hay, what do you currently feed your horse? _____

7) Are you currently using "ulcer prevention" when your horse is under stress? If so, what do you use? _____

8) Do you have any of the following insurance coverages? farm & ranch trainer liability
 horse mortality equine major med/surgery

