



SUSAN E. HARRIS CLINICS
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Clinic Rider Information Form for Centered Riding[®] Expo Clinics

Please return this form to the expo office. They will process it and forward the necessary information to Susan Harris. Thank you!

NAME		<input type="checkbox"/> ADULT	<input type="checkbox"/> JUNIOR (age)	
PHONE # ()		Best time to call?		
Email		Cell # ()		
ADDRESS				
CITY		STATE/PROV		ZIP/PC
SEAT / STYLE or DISCIPLINE (what style will you be riding in the clinic?)				
<input type="checkbox"/> Dressage Level:		<input type="checkbox"/> Saddle Seat		
<input type="checkbox"/> Eventing Level:		<input type="checkbox"/> Distance Riding		
<input type="checkbox"/> Hunter / Jumper Level:		<input type="checkbox"/> Pleasure / Trail Riding		
<input type="checkbox"/> Western Specialty:		<input type="checkbox"/> Other (provide details)		
PLEASE DESCRIBE YOUR RIDING LEVEL AND EXPERIENCE:				
DO YOU TAKE RIDING LESSONS OR WORK WITH A TRAINER?			<input type="checkbox"/> LESSONS	<input type="checkbox"/> TRAINER
HAVE YOU HAD ANY EXPERIENCE WITH CENTERED RIDING [®] ?				
<input type="checkbox"/> I have read the book		<input type="checkbox"/> I have taken Centered Riding [®] Lessons		
<input type="checkbox"/> I have watched the video		<input type="checkbox"/> I have participated in Centered Riding [®] Clinics		
<input type="checkbox"/> OTHER (describe)				
PLEASE DESCRIBE THE HORSE YOU WILL BE BRINGING TO THE EXPO:				
Name:		Breed or Type:		Age: Sex:
Level of Training:				
Training Goals:				
Is this horse experienced in working in a group?				
Are you confident about his behavior when riding him in front of a large audience?			<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> MAYBE
DO YOU HAVE ANY PROBLEMS OR DISABILITIES YOUR INSTRUCTOR SHOULD BE AWARE OF? (Old injuries, physical limitations, confidence problem, medical restrictions, etc.)				
(IMPORTANT) WHAT DO YOU HOPE TO LEARN FROM THIS CLINIC?				

Attach extra sheet if necessary