

# Clinic Registration Form



Name of Clinic interested in attending \_\_\_\_\_

## Participant Information

First and Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Riding Experience: \_\_\_\_\_

Age of rider if under 18: \_\_\_\_\_

Goals for Rider from Clinic: \_\_\_\_\_

Problems or areas to work on in clinic: \_\_\_\_\_

## Horse Information

Name of Horse: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

All of the information on the horse is not imperative, any age, or breed can be used in the clinic as long as it is safe to ride. This is just for information purposes.

Thing to bring to the clinic:

Equipment you would normally ride your horse in.  
Snaffle Bit (prefer full cheek) no shank bits  
Dressage whip  
And lots of questions.

## Payment for Clinic

Payment with registration: \$ \_\_\_\_\_

Amount due at clinic: \$ \_\_\_\_\_

## Contact Information

Phone: Jack Shank 574-825-1305, cell 574-536-8815

Mail to: Jack Shank

17594 US HWY 20

Goshen, IN 46528

E-mail: [jackshank@jackshank.com](mailto:jackshank@jackshank.com)