



Success In Saddles Clinic Questionnaire

Please answer the following as accurately as possible so that we can maximize our time together. Thank you.

1. Name _____ Gender _____
2. Home town _____ Barn Affiliation _____
3. Please circle age group: 10 and under: 11-13, 14-17, 18-30, 30-40, 40-50. 50 and over
4. Breed participation _____
5. Please circle the divisions you are interested : Equitation, Performance, Driving, Five Gaited, Hunt, other _____
6. Favorite horse of all time _____
7. Most enjoyable event you have experienced with horses _____

8. Least favorable event with horses _____

9. Do you have any health challenges that influence your ability to participate fully in horse sports? If so, please describe _____

10. Please list skills you hope to gain by participating in this clinic. Do you have a specific goal you wish to address?

Thank you for taking the time to share this information with me.