

HORSE OWNER

Name _____

Address _____

City _____

Area Located _____

Age _____ Telephone Number(s) _____

What day is best for you to have someone out? _____

What time of day is best? _____

1. What style of riding do you do? _____

2. What style does your horse do? _____

3. What breed of horse do you have? _____

4. How many horses do you have available for this program? _____

5. Can a beginner handle your horse? _____

Can a beginner ride your horse? _____

6. Are you willing to share your horse at 4-H functions? _____

Signature

Parent Signature

Parental participation will be agreed upon between the parents of the parties involved.

HORSELESS RIDER

Name _____

Address _____

City _____

Area Located _____

Age _____ Telephone Number(s) _____

What time of day is best?

1. Have you ever ridden a horse? If yes, what style? _____

2. Are you presently taking riding lessons? _____

If yes, how long have you been taking lessons? _____

If no, have you taken riding lessons in the past? _____

3. What kind of experience have you had with horses? (If you don't have any experience, please answer none.) _____

4. What breed of horse do you prefer? _____

5. What style of riding are you interested in? _____

6. Do you have any access to horses at all? _____

Signature

Parent Signature

Parental participation will be agreed upon between the parents of the parties involved.