



Student Registration Form

Rider Full Name: _____

Address (Street, City, ST, Zip Code): _____

Email: _____

Phone: _____

Gender (circle one): Male Female Prefer not to say

Age: _____

Emergency Contact: _____ Phone: _____

What is your current occupation? _____

How long have you been riding/playing with horses?

Rate your confidence on a scale of 1-10 (1-very unconfident, 10-extremely confident)

Riding: _____ Ground Skills: _____

Have you ever competed in equine competition? If so, in what? When?

About how many rides does your horse have? _____

What are your goals with your horse for this clinic/workshop?

What would you like to share about yourself?

****IN ORDER TO RESERVE YOUR SPOT IN AN EVENT A NON-REFUNDABLE DEPOSIT OF 50% IS REQUIRED. THE BALANCE IS DUE DAY OF THE EVENT DATE.**

Pay To: Micaela Love
5350 Blue Oak Ranch Rd.
Auburn, CA 95602

VENMO = @micaela-love
PAYPAL = micaelalove3@gmail.com

****CANCELLATION POLICY:** In the event of a cancellation a credit will be given (less the 50% non-refundable deposit) and can be moved to new date/location. All credits must be used within (1) year of event date. ******In the event of an emergency, special condierations may be made.

Please Initial below to agree to the statement:

_____ I understand and agree to the cancellation policy.

Date: _____