CHRIS COX HORSEMANSHIP CLINIC TRIANGLE C RANCH APPLICATION

NAME:				TODAYS: DATE			
ADDRESS:				CONTACT NUMBERS – HOME: CELL:			
BIRTH DATE:				EMAIL:			
DATE OF CLINIC REQUESTING:				TRIANGLE C RANCH HORSEMANSHIP CLINIC			
	CCH CLIN ENDED:	ICS PREVIOUSLY		YEAR ATTEM	OR DATE PRE NDED:	VIOUSLY	
•	• How would you classify yourself as a rider? (Please circle):						
	Beginner	Intermediate	Adv	vanced	Professional ((Trainer)	
•	What discipline do you prefer? (Please circle):						
	English	West	ern				
•	Do you com If yes, please	pete? (Please circle): e list events:	YES / NO				
•	Do you own a horse: (Please circle): YES / NO						
•	How long have you been riding?						
•	How often do you ride?						
•	How old is the horse you will be bringing?						

• Can you trot on a loose rein? (Please circle): **YES / NO**

Do you need to lease a ranch horse? (Please circle): YES / NO

Have you had an accident or traumatic experience with a horse? If yes, please attach a separate sheet of paper with details. What type of horse will you be bringing? Mare Gelding Do you have any physical or medical conditions? (Please circle): YES / NO If yes, please explain: In case of an emergency please supply the following details for an emergency contact Contact Name: Home Phone #: Cell Phone #: Other Contact #'s: How did you hear about the Chris Cox Horsemanship Clinics?		
Have you had an accident or traumatic experience with a horse? YES / Note that type of horse will you be bringing? Mare Gelding Do you have any physical or medical conditions? (Please circle): YES / Note that types, please explain: In case of an emergency please supply the following details for an emergency contact Name: Home Phone #: Cell Phone #: Cell Phone #: Other Contact #'s: How did you hear about the Chris Cox Horsemanship Clinics? Website: RFDTV:	Can you canter/lope on a loose rein? (Please circle): Y	YES / NO
If yes, please attach a separate sheet of paper with details. What type of horse will you be bringing? Mare Gelding Do you have any physical or medical conditions? (Please circle): YES / NO If yes, please explain: In case of an emergency please supply the following details for an emergency contact Name: Home Phone #: Cell Phone #: Other Contact #'s: How did you hear about the Chris Cox Horsemanship Clinics? Website: RFDTV:	Have you participated in another clinic before (Please If yes, when and with whom?	e circle): YES / NO
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Contact Name: Home Phone #: Cell Phone #: Business Phone #: Other Contact #'s: How did you hear about the Chris Cox Horsemanship Clinics? Website: RFDTV:	Do you have any physical or medical conditions? (Plast yes, please explain:	ease circle): YES / NO
Cell Phone #: Business Phone #: Other Contact #'s: How did you hear about the Chris Cox Horsemanship Clinics? Website: RFDTV:	In case of an emergency please supply the following Contact Name:	details for an emergency contac
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Other Contact #'s: How did you hear about the Chris Cox Horsemanship Clinics? Website: RFDTV:	Contact Name:	details for an emergency contac
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•	Other:	
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Email to: info@trianglec.com Or mail to Triangle C Ranch, 3737 US HWY 26, Dubois, WY 82513