

DRESSAGE CLINIC REGISTRATION FORM

Dates of Clinic: \_\_\_\_\_

Name of rider: \_\_\_\_\_

Address of rider: \_\_\_\_\_

Phone#: \_\_\_\_\_

E-mail: \_\_\_\_\_

Own Horse (\$200.00)	School Horse (\$250.00)	Audit Only (\$100.00)
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Do you need a stall for the day (\$15.00): Yes          No

Payment due upon registration. A \$50 office fee will be held back if you have to cancel participating in the clinic.

I do not hold Burgi Rommel, Willow Acres or any of its employees liable for theft, damage or injury to myself, horse or my equipment while participating in this workshop.

Signature of rider: \_\_\_\_\_

Signature of owner of horse: \_\_\_\_\_

Signature of guardian under 19: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

Mail registration forms to:

Burgi Rommel

18919 16Ave

Surrey, B.C. V3S 9V3

\* PLEASE FILL OUT ACCOMPANYING QUESTIONNAIRE! \*

DRESSAGE TRAINING RIDER QUESTIONNAIRE

Name: \_\_\_\_\_

Age: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Best Skill: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Weakest Skill: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physical Limitations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Desired Goals for yourself from this course: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DRESSAGE TRAINING HORSE QUESTIONNAIRE

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Breed: \_\_\_\_\_

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

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Best Skill: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Weakest Skill: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physical Limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Desired Goals for your horse from this course: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_