

Alternative Horsemanship with Samantha Harvey Clinic

Participant INFORMATION SHEET

Please Print, Complete Form & Mail with Payment



First Name

MI

Last

Street Address

Apt#

City /State /Zip

Cell Phone

Home/Office Phone

Email Address

Birth Date (If Minor)

Riding Experience (years)

Emergency Contact

Relationship

Phone

Medical Issues

Horse Information

Horse's Name

Age

Sex

Breed

Vices

Weekly Riding/Horse Handling Frequency

Riding Ability with current horse

Goals (short & long term)
