



## Registration Form: Endurance 201

Saturday, September 29, 2018

NAME: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

How did you hear about this clinic? \_\_\_\_\_

Your age (optional if over 18!) \_\_\_\_\_

Your goals for the clinic (check all that apply):

- Learn about endurance rides (AERC) and see if they are for me/my horse
- Learn the skills to prepare me for my first season or two of competition
- Learn about endurance riding as a cross-training activity for my sport horse
- Figure out how to resolve some issues I am having with conditioning or competing

Tell us more about your goals:

\_\_\_\_\_

\_\_\_\_\_

Are you hoping to compete in an endurance ride?

- I have no idea if I'll be ready, but hope to learn about that
- Yes, I hope to get to do an AERC LD (25/30 mile) or ECTRA CTR ride
- Yes, I hope to compete in AERC Endurance (50 or more miles)
- No, I'm just hoping to learn the ropes but don't plan to compete

Tell us about the horse you'll be working with:

Breed \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Height \_\_\_\_\_

Prior training/experience \_\_\_\_\_

What is your riding background? (trail riding, dressage, showing, western, hunter/jumper, eventing, etc.)

\_\_\_\_\_

How long have you been riding? \_\_\_\_\_ Will you be bringing your horse? \_\_\_\_\_

Mail registration form, \$20 clinic fee, and current Coggins (if bringing a horse) to:

Karen Wade, 412 Copperhead Lane, Winchester VA 22602