



A United States Eventing Association Sponsored Educational Activity

TRIPLE H EQUESTRIAN CENTER, LLC

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2010 Registration/Questionnaire

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Clinic Topic: _____ Clinic Dates: _____

*A deposit of \$100 is required to book your clinic place.
A notice confirming your reservation in the clinic requested above will be sent by e-mail
or letter upon receipt of this form and deposit.*

1. Any history of medical problems or allergies we should be aware of? *(please explain)* _____

2. Any food restrictions _____

3. Briefly describe...

Your level of riding? _____

Your horse's age and level of training _____

What discipline(s)? _____

Do you show? If so, at what level? _____

What breed is your horse? _____

How often do you ride, and for what length of time? _____

Do you trail ride? _____

Is your horse comfortable crossing water? _____

How does your horse react to riding in a group (e.g. likes to lead/does not like separation)? _____

Are you comfortable riding out in the open or do you prefer an arena setting? _____

Do you jump, and if so at what height are you schooling? _____

What goals would you like to attain from this clinic? _____

Since the clinic wraps up around 1 p.m. on Sunday, would you be staying over and leaving Monday morning? _____

4. Would you prefer an outdoor pen as opposed to a stall? Yes No
5. Will you be bringing an additional horse (\$8/day)? Yes No
6. Would you like to reserve bunkhouse accommodation (\$25/day)? Yes No
7. Will you be bringing a dining companion (\$30/day)? Yes No
8. Will your companion require accommodation (\$25/night)? Yes No
9. Will you need a space for a horse trailer that has sleeping quarters requiring power hook-up (\$15/day)? Yes No
10. Will you need a horse trailer camping site (\$8.00/day)? Yes No
11. Would you like to stay for an additional day at clinic's end and wish to have additional lessons? Please inquire about cost. Yes No
11. Would you prefer notification by e-mail or letter? E-mail Letter
E-mail address _____
12. If clinic is fully booked would you prefer... Waiting list Refund

Emergency contact information (telephone number, name and relationship) _____

How did you hear about our clinics? _____