



**Chris Cox Horsemanship 3 Day Clinic
Application**

Name:	Today's Date:
Address:	Contact Numbers: Home - Cell -
Birth Date:	Email:
Date of Clinic you're requesting:	Clinic Location:
List CCHC Clinics previously attended:	Year or Date you previously attended:

1. How would you classify yourself as a rider? (Please circle): **Note: 3 day clinics are not suitable for beginners.**

Intermediate Advanced Professional (Trainer)

2. What discipline do you prefer? (Please circle):

English Western

3. Do you compete? (Please circle): **YES / NO**

If yes, please list events:

4. How long have you been riding? _____

5. How often do you ride? _____

6. How old is the horse you will be bringing? _____

5309 W FM 1885
MINERAL WELLS, TX 76067
(940) 327-8113 office (940) 327-8183 fax
www.chris-cox.com



7. Can you trot on a loose rein? **YES / NO**

8. Can you post at a trot? **YES / NO**

If no to either of question 9 or 10, then please explain:

9. Can you canter / lope on a loose rein? **YES / NO**

10. Have you had an accident or traumatic experience with a horse? **YES / NO**

If yes, please attach a separate sheet of paper with details.

11. What type of horse will you be bringing? Mare ___ or Gelding ___

12. Do you have any physical or medical conditions? **YES / NO**

If yes, please explain:

19. In case of an emergency please supply the following details:

Contact Name: _____

Home Phone #: _____

Cell Phone #: _____

Business Phone #: _____

Other Contact #'s: _____

20. How did you hear about the Chris Cox Horsemanship Clinics?

a. Website: _____

b. RFDTV: _____

c. Tour Stop: _____

d. Through Somebody Else: _____

e. Other: _____

FAX BACK TO: 940 327 8183 or mail to 5309 W FM 1885 Mineral Wells TX 76067

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