



Participant Information / Registration Form

(Please print clearly)

Full Name _____ D.O.B. _____

Complete Mailing Address: _____

Phone Number: _____ Email Address: _____

1. Please rate your level of horse experience (0 = none; 10 = lots and lots): _____
2. Do you currently own a horse(s)?
3. If yes, please describe your horse, including what activities you do with it, any particular issues, etc.

4. What are your goals? What do you want to learn?

5. How did you find out about GSF?

6. If someone referred you, please provide their name _____