



Cherry Wood Rider's Retreat

Student Information Form

Name _____

Address _____

Phone(s) _____

Email _____

1. Have you ridden with Joe before? YES or NO
2. If so, when and where? _____
3. Have you ridden with other clinicians or trainers? YES or NO
4. If so, who? _____
5. How long have you been riding? _____
6. How often do you ride? _____
7. How would you classify yourself as a rider?
Beginner Intermediate Advanced Professional
8. What sort of riding do you do? _____
(competition, training, ranch work, trail ride, etc.)
9. Can you trot on a loose rein? YES or NO
10. Can you post at a trot? YES or NO
11. Can you canter/lope on a loose rein? YES or NO
12. How long at a time can you comfortably ride? _____
13. Do you have any physical or medical conditions? YES or NO
If yes please explain: _____
14. Have you had an accident or traumatic experience with a horse? YES or NO
(If yes, please attach details)

15. Is there anything else you would like us to know or any questions we can answer? If so, please don't hesitate to contact us.

Emergency Contact:

Contact Name: _____

Contact Number: _____

Alternate Contact: _____

Contact Number: _____

Please email this form along with your clinic registration form to:

Patti Hudson

patti@pattihudson.com