



*Joe Wolter Clinics*

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. Please list sex, age and level of training or problems you might be experiencing with each horse you will bring to the clinic:

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16. Do you prefer stalls? (Bedding available at cost) YES or NO How many? \_\_\_\_\_

17. Do you prefer pens? YES or NO How many? \_\_\_\_\_

18. Do you need to lease one of our horses? YES or NO

19. 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 send this form with your clinic registration and payments to:

Jimmie Wolter  
5701 US Hwy 380 East  
Aspermont, Texas 79502  
Email: [jimmie@joewolter.com](mailto:jimmie@joewolter.com)  
Phone: 940-989-2570