

2010 LAKE SHORE REGION HORSEMASTERS SUMMER CAMP APPLICATION

Name _____

Address _____

Club or Region Affiliation

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Email address: _____
(please print)

Horse Name: _____ Age: _____ Vices: _____

Are horse/rider combination experienced with riding in the open? _____

Any restrictions for this horse: _____

Owner of Horse: _____ Ph#: _____

At what height are you comfortable schooling your horse? Show Jump _____ XC _____

At what dressage level are you working? _____

Traditional (Eventing) track _____

Dressage only track _____

Does Horse Have Any Special Medical Needs? (If yes, how will you accommodate them at camp?)

Emergency Contact: _____

Phone: _____

Horsemasters, as members of USPC, are expected to review and adhere to all HM guidelines as stated in the HM Handbook.