

**ADA Spring Clinic  
Rider Application**

Name \_\_\_\_\_

Check one:

Address \_\_\_\_\_

\_\_\_\_ Saturday, May 3

\_\_\_\_\_

\_\_\_\_ Sunday, May 4

Phone \_\_\_\_\_ (home)

\_\_\_\_ Both May 3 and 4

\_\_\_\_\_ (cell)

(if available)

ADA membership number \_\_\_\_\_.

(Non members will be included in the clinic only if there are ride times not filled by an ADA member.)

Parent signature \_\_\_\_\_

(Required if rider is under 18 years of age)

Rider applications must be received by April 9<sup>th</sup>, 2008. On that date the selection committee will meet to determine the riders who will be invited to ride in the clinic.

Riders will be notified by April 15<sup>th</sup> of the committee's decision. Clinic fees are to be paid in full by April 25<sup>th</sup>.

**Rider Profile:**

Age: \_\_\_\_\_. How many years have you been riding? \_\_\_\_\_. What is the highest level at which you have shown? \_\_\_\_\_. What are your long term goals as a rider? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Are there any rider issues that you would like to work on in your lesson with Mr.

Gerding? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**Horse Profile:**

**Name:** \_\_\_\_\_ . **Age:** \_\_\_\_\_ .

**Breed** \_\_\_\_\_ . **Gender** \_\_\_\_\_

**Level of training** \_\_\_\_\_ . **Are there any specific training issues that you would like to work on with Mr.**

**Gerding?** \_\_\_\_\_

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***Applications must be received by April 9, 2008***

**Mail completed applications to:**

**Beth Sneller  
200 Russell St.  
Middleville, MI 49333**

**(616) 893-9373**