

Application Form

For Students and Apprentice Trainers

Name _____ Date _____

Address _____ Email _____

Phone Number _____ Fax _____

Education _____

Riding Experience _____

Colt Breaking Experience _____

Show Experience _____

Taken Lessons or Clinics With: _____

References (Minimum of 3. Please Include Name, Address, and Phone Number)

Goals _____

A video or DVD of riding skills must accompany this form

Explanation of Video/DVD _____
