

RIDING QUESTIONNAIRE

Please return to: Camp Tamarack, Attn Ashton PO Box 97 Sisters, OR 97759

Session(s): _____

Campers Name: _____

Age: _____ Height: _____ Weight: _____

Have you ever been on a horse before? (circle one) YES NO

If yes, what level rider do you consider yourself? (circle one) BEGINNER INTERMEDIATE ADVANCED

How often do you ride? (circle one) DAILY WEEKLY MONTHLY ONLY AT CAMP

On horseback I can confidently: (circle all you can do) WALK TROT CANTER JUMP 1 OBSTACLE

JUMP COURSES RUN A BARREL PATTERN RIDE A REINING PATTERN RIDE BAREBACK

Which discipline do you prefer to ride while at camp? (circle one) ENGLISH WESTERN UNSURE

Can you catch, groom & tack a horse without help? (circle one) YES NO

Have you been on a trail ride? (circle one) YES NO

If yes, How many times? _____

Have you ever participated in a horse show or competition? (circle one) YES NO

If yes, please tell us about it. (What type of show was it, ect.) _____

Have you ever taken care of a horse? (circle one) YES NO

If yes, please tell us what activities you have done to care for a horse:

Are you a returning camper? (circle one) YES NO

If yes, How many years have you attended Camp Tamarack? _____

Which horse did you ride last year? _____

Who was your instructor last year? _____

Which horse would you prefer this year? _____

What horse skills do you want to work on while at camp?

PARENTS:

To the best of your knowledge, is the above information accurate? _____

Please take a moment to write any riding specific instructions on the back of this page you may recommend for your child (English, Western, riding abilities, requests, etc):

Parent Signature _____ Date _____

Camper Signature _____ Date _____