

Carousel O'Breeds Adult Rider Information

Name:	
Address	
Phone Number	
Email address	
Preferred Method of Communication	
Birthday	

What are your expectations from Carousel O'Breeds?

What prior riding experience do you have?

What discipline(s) of riding are you interested in? (if more than one please list in priority order)

Which horses do you enjoy that you have met at Carousel O'Breeds? (if any)

Is there a horse you do not want to ride? (if any)

What are your riding goals for the next six months?

Is there anything we should know about your (personality, learning style, habits, fears, medical conditions, allergies)

Ms. Libby aims to tailor your experience at Carousel O'Breeds to your interests and experience. We will request this form be filled out approximately every six months to assess and plan the next steps in your experience.