

International Riding Camp



Birchall Road • Greenfield Park, NY 12435 • (845) 647-3240
www.horseridingcamp.com

Please take the time to complete this brief equestrian survey for our head riding instructor. Please return this form as soon as possible. We need to receive this well before your daughter's session starts.

Please attach a current school or portrait-type photo when you return the health form. We need to receive the health form as soon as you can, so that if there is any more information needed, we will have time to send it back to you and receive the form back again in time.

You will still be receiving an additional letter with Camper Rules and Regulations and Time of Arrival. If you are flying in and need to be picked up at the airport, please email confirmation of your flight information to ope135@hvi.net or fax at 845 647-3286.

RIDING SURVEY

Name _____ Age _____

Height _____ Weight _____ Dates of session _____

Years of riding experience _____

Gallop: Yes _____ No _____

Canter: Yes _____ No _____

Trot: Yes _____ No _____

Jumping ability: Please indicate what your maximum abilities are, including height of fence.

Cross rails _____ Vertical jumps _____ Courses _____

Horseshow: A very brief description of your horseshow experience: