



CLINIC QUESTIONNAIRE

Date _____

Name: _____ Age: _____

Address: _____ Phone: _____

_____ Zip: _____

Email address: _____

We need permission to add your email address to our LM Barrel Racing email list & to send you emails from time to time. "I want to be on your email list and receive the emails: Yes _____ No _____"

1) What is the experience level of your horse? (example: Novice, Open, ProRodeo, 1-D, 2-D, etc.)

2) What is your level of competition? (example: horse shows, rodeos, etc.)

3) How many years have you been competing? _____

Name of horse _____ Does he go to the right or left barrel first ?

Age _____

Sex _____ Breed _____

How long has your horse been running barrels? _____

4) What problems are you having with your horse?

5) What problems is the rider having?

6) List some things you would like to learn from this clinic.