



CLINIC QUESTIONNAIRE

Date _____

Name: _____ Age: _____

Address: _____ Phone: _____

_____ Zip: _____

Email address: _____

Your email address will be added to our LM Barrel Racing email list. You may receive emails from time to time from us. If you do NOT want to receive these emails, please check here: 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.