

Short Course Application

Name:

Email Address:

Age:

Height:

Weight:

Do you have any medical condition which your doctor may feel would limit your participation in this course? If so, please explain:

Brief history of your experience:

Have you read Mr. Belasik's books, and are you familiar with his philosophy and teachings?

If you have ridden with Mr. Belasik in the past (clinic, lessons, etc) please state when and where:

Preference of month and second choice:

Will you be bringing a horse, or using one of our schoolmasters?

If bringing your own horse(s), please provide a brief physical description as well as training level and goals: