

Centered Riding® Instructor Course & Update Clinic Report Form



(Send to CR Office on completion of Instructor Course or Update Clinic. Please type or print legibly!)

CR Instructor Course CR Update Clinic

(Please check type of Clinic)

Location _____

Dates of Clinic _____

(Level IV Clinician(s))

Assistant Clinic Instructor(s)/Level

(Clinic Organizer)

(Address)

(Phone)

Participants:

Name:	<input type="checkbox"/> New Level I Inst. <input type="checkbox"/> Update	Phone:
Address:	Successful Completion?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cell:
	Website :www.	Fax:
	Email:	
Country (If not USA):	Discipline(s):	
Name:	<input type="checkbox"/> New Level I Inst. <input type="checkbox"/> Update	Phone:
Address:	Successful Completion?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cell:
	Website :www.	Fax:
	Email:	
Country (If not USA):	Discipline(s):	
Name:	<input type="checkbox"/> New Level I Inst. <input type="checkbox"/> Update	Phone:
Address:	Successful Completion?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cell:
	Website :www.	Fax:
	Email:	
Country (If not USA):	Discipline(s):	
Name:	<input type="checkbox"/> New Level I Inst. <input type="checkbox"/> Update	Phone:
Address:	Successful Completion?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cell:
	Website :www.	Fax:
	Email:	
Country (If not USA):	Discipline(s):	
Name:	<input type="checkbox"/> New Level I Inst. <input type="checkbox"/> Update	Phone:
Address:	Successful Completion?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cell:
	Website :www.	Fax:
	Email:	
Country (If not USA):	Discipline(s):	
Name:	<input type="checkbox"/> New Level I Inst. <input type="checkbox"/> Update	Phone:
Address:	Successful Completion?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cell:
	Website :www.	Fax:
	Email:	
Country (If not USA):	Discipline(s):	

Signature of Level IV Clinician(s) _____ Date _____