



Centered Riding® Instructor Course Application

Please complete this application and return it to the Clinic Organizer at least 2 weeks before the clinic. The Clinic Organizer must send a copy of each Instructor Application to the Course Clinician prior to Part I of the Course.

Instructor Course Location: _____ Date of Course: _____

Applicant's Name: _____

Date of Birth: (month/day/year) _____

Street Address: _____

City: (note: **include** postal code if it precedes city): _____

State/Prov: _____ Zip/Postal Code: _____ (enter only if it **follows** city, state or prov.)

Phone: (include country code for foreign nos.) _____ Fax: _____

Email: _____ Cell/Mobile Phone: _____

I have ridden in a Centered Riding Clinic:

Date: _____ Location: _____ Instructor: _____

I have had Centered Riding® lessons from a Level IV Instructor (name): _____

I have taught riding for at least one year.

I am able to ride with good form in control in a group at walk, trot/jog, & lope/canter (any seat) and execute schooling figures and ride over ground poles.

Do you have any disabilities, limitations, or problems, which the clinic instructors should be aware of (injuries, taking medication, etc.)? If so, please describe:

Which disciplines do you ride, teach, and/or compete in? To what level? What is your primary discipline?

Dressage:

Hunt seat:

Combined Training / Eventing:

stock seat:

saddle seat:

distance riding:

pleasure/recreational riding:

therapeutic riding:

other (describe):

Please answer the following questions: (use back if more room is needed)

Please describe your riding level, experience and training in horsemanship.

Please describe your experience and training in teaching riding and your education.

What are your long-term goals in horsemanship and teaching riding?

What experience have you had with Centered Riding® and body awareness methods?

(Important!) What do you hope to learn from the Centered Riding Instructor Course?

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