

**Windrush Farm's Summer Program
Application & Evaluation 2010**

Rider's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Parent's Email Address: _____

Height: _____ **Weight:** _____ Rider's DOB _____

Please note any special concerns/needs: _____

Will you be bringing your own horse? _____

Please add \$100 to your final tuition payment for board.

I would like to ride during the following summer dates:

Week 1 June 28-July 2 Week 5 July 26-July 30

Week 2 July 5 -July 9 (8:30-11:30) Week 6 Aug 2-Aug. 6

Week 2 July 5 -July 9 (1:00-4:00) Week 7 Aug 9-Aug. 13

Week 3 July 12-July 16 Week 8 Aug. 16-Aug. 20

Week 4 July 19-July 23

Note week 2 is a half day program for 6 & 7 year olds only.

Please indicate your 1st, 2nd and 3rd choices of weeks. We will do our best to accommodate all 1st choices however, if not available we will place you into your 2nd or 3rd choice. Please note that spaces fill quickly and will be filled on a first come first serve basis. Sorry, but we can not hold spaces over the phone. **Please check your child's school closing date as changes can not be made once the program is full.**

A \$100.00 non-refundable place holding fee **for each week** is due with this application. Payment in full is required by May 1, 2010.

PLEASE COMPLETE BOTH SIDES OF THIS FORM.

Register on line at www.windrushfarm.org/summer.html

For more information please email Gina at gina@windrushfarm.org

Please Mail To:

WFTE, Inc. ~ 30 Brookview Road ~ Boxford, MA 01921
(978) 682-7855
wfte@windrushfarm.org

Summer Clinic Evaluation Questionnaire

Please fill out this questionnaire in order for us to place your young rider in the best suitable week for his or her level and to help our instructors in their preparation for lessons.

Name of Rider: _____ DOB: _____

How long has he/she been riding consistently? _____

How often: _____ what discipline? hunter: __ jumper: __ western: __
eventing: __ dressage: __ saddleseat: __ other (explain): _____

where has he/she ridden before? Barn: _____

Instructor: _____ Telephone: _____

Ability Check List: Please indicate at which gait each of the following can be ridden, if none, do not check off any box

	WALK	TROT	CANTER
Can be done independently			
Can steer			
Can circle			
Can ride without stirrups			
Can post			
Can hold jumping position			
Can go over ground poles			
Can jump			
If can jump, approximately how high? _____			
Can complete a x-rail jump course			
Can complete a vertical jump course			
Have gone on trail rides			
Have gone x-c jumping			

Are you able to groom and tack a horse independently? _____