

Golden Odysseys, Inc., Trip Application Supplement Equestrian Holidays

Please send the following friend information about present or future Golden Odysseys trips:

Name: _____

Mailing Address _____ Apt # _____

City _____ State _____ Zip _____

Office Phone: _____ Home Phone: _____

Describe your level of physical fitness and weekly activity.

How often do you ride? _____

How many years have you been riding? _____

What type of riding do you do? _____ Western _____ English _____ Eventing _____ Hunting _____ Other

Weight _____ Height _____

What type of horse are you are most comfortable riding in the arena and out on the trails?

What do you hope to accomplish during your stay?

Additional remarks or requests:

Competence Levels: Place a check mark beside the category that most closely matches your level of competence. This information can be very helpful in making your riding experience a positive and safe one. Please be as accurate as possible in your assessment.

_____ **Beginner:** Rider who has limited experience, does not feel comfortable at a trot or canter. Needs assistance mounting and dismounting. Seldom rides.

_____ **Novice:** Rider who is comfortable and in control at a trot and short canters.

_____ **Intermediate:** Rider with a firm seat, confident at all paces; may not ride often. Confident on most terrain.

_____ **Advanced:** Rider with all of the above abilities, rides regularly, comfortable in various riding conditions, and in control of even the most spirited of horses. Rides often.

Signature

Date

