

IHSA Zone 5 Region 3 Rider Information Questionnaire

This form should be completed for **all** riders and returned to the regional president in addition to the six page IHSA placement form required for new riders. The purpose of this form is to assist riders and coaches should any clarification be needed in rider placement.

Rider Name _____
School _____

****Total years of consistent riding experience** _____
How often did you ride? Daily ___ Weekly ___ Monthly ___ Yearly ___ Other ___

To what degree? Lessons ___ Trail riding ___ pleasure ___ vacation ___ competition ___
If lessons how many years _____ In what discipline _____
When did you take your last lesson? _____ When did you last ride _____
Primary discipline: Hunter _____ Jumper _____ Western _____ Saddleseat _____
Event _____ Dressage _____ Contest _____ Other (explain) _____

If competition what division do you show? _____

If you jump, at what height do you jump complete courses? _____

Have you owned your own horse? _____ For how long? _____

****Prior Riding Instructor(s):**

Name _____
Address/City/St _____
Phone Number(s) _____
Email _____

Name _____
Address/City/St _____
Phone Numbers(s) _____
Email _____

****USEF and/or Breed Assoc. Membership Number** _____
Horse/s Shown (USEF/AQHA name) _____

****Please provide a brief outline of your competitive riding career. Include name of show/associations and divisions shown, as well as awards won. Also please state the dates. Use additional pages or back page if necessary.**

DATE	HORSE	SHOWS	DIVISIONS	AWARDS WON

Items marked with ** are required. Please be thorough in your answers