



Pat & Linda Parelli's HAWAII SHOW & CLINIC Rider Application Form – Kona Castle Ranch FEB 11&12, 2017

2 DAY SHOW / CLINIC – SATURDAY WILL BE WITH PAT ½ DAY & LINDA ½ DAY , SUNDAY

= CHOICE OF 2ND DAY PAT PARELLI 2ND DAY LINDA PARELLI

Name: _____

Male Female AGE: 18 -25 25-40 40+ Under 18, if so dob _____

Address: _____

Email: _____ Phone: _____

Occupation: _____

Savvy Club Number & Membership Level: _____ Year Joined: _____

How long have you been studying the Parelli Program?: _____ years

Officially passed Parelli Level: OnLine L____ Liberty L____

Freestyle L____ Finesse L____

Is your spouse (if applicable) involved with horses?: _____

How many children?: _____ What ages?: _____

Which aged children are involved with horses?: _____

Have you been to any tour stops, clinics, courses on Campus? Please list: _____

Have you studied with Parelli Professionals? Please list: _____

How often do you ride?: _____

How many horses do you currently own?: _____ Total from the past?: _____

What breeds do you currently own?: _____

What is your confidence level riding (0-10, with 10 being the highest)?: _____

How long have you been riding?: _____ Any breaks, if so, how long?: _____

Have you taken lessons with other trainers? Yes No

If so, when and who with? _____

Have you ever competed in any performance shows? Yes No

If yes, what discipline and to what level?: _____

What is your motivation to take this course?: _____

What do you want to focus on in this course?: _____

What are your goals for this course?: _____

How do you plan on using the knowledge you will have gained in this course?: _____

Thank you!

Please return this form by scan to christine@konacastleranch.com