## STEVE AND WENDY HILTON SMITH CORNERSTONE TRAINING CENTER 17601 SO. HWY. 148 SCURRY, TEXAS 75158 (903)498-4724

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## **CLINIC INFORMATION SHEET**

For participators/riders fill out the entire information sheet and liability release and send it to the above e-mail or mailing address.

About you Name:
Home phone:
Address:
E-mail:
Please list the date, and place of the clinic you will be attending:
How did you hear about this clinic?
Have you ever used natural horsemanship type training, and how much experience would you say you have? Have you ever worked with Steve or Wendy in a clinic before?
What are your goals for yourself and your horse?

How much time do you have to dedicate to your	goals? Ho	w often car	n you, or	, do
you work with your horse?				

## **About your horse**

Name:

**Breed:** 

Age: Sex:

## **Previous Training:**

List any and all problems you are having or have had with your horse: Let us know which ones you feel you need to work on: Please be very specific in what you would like to learn to do with your horse, and put them in order of preference.