



APPLICATION FOR D4K'S WINTER INTENSIVE TRAINING PROGRAM

Name: _____ Birthdate _____ EDAP member? _____

Address _____ Email _____

_____ Phone _____

Trainer's Name _____

Email _____ Phone _____

Tell us about the horse you want to bring to the clinic, Include his strengths and his weaknesses.

We will check centerlinescores.com for your competition record. Is there anything you would like to add?

Do you plan on attending all three months? ____ (Preference is given to riders who stay three months.)

Will you be doing schoolwork during the program? ____ If yes, how(online, tutoring, etc).

Do you have housing? _____ Daily Transportation _____

What are your riding goals for the end of 2017?

Do you plan to show doing WIT (Not at all an advantage one way or the other) _____

Do you plan to do qualifying shows while in Florida? _____ For _____

Are you willing to take direction from the stable manager? _____

Please briefly explain your answer to the question “are you willing to take direction from the stable manager?”

Can you work with a group of your peers in a positive way? _____

Please explain your answer above.

Are you willing and able to do fitness work daily? _____

Can you sit through a one hour lecture and be attentive? _____

What do you think you might bring to the program?

How might you stand out from the others?

In twenty years what would you like to be doing with your riding?

Why should you be selected into this program and what do you hope to gain?

Please provide a video (youtube link) of you and your horse. It need not be formal. This will help us get a sense of your riding and where you are at.

On acceptance into the program you will be expected to pay half of the first month's fee. The second half will be due December 1. Do you agree to make prompt payments in accordance with our payment policy?

Signature of Applicant