

**Registration for  
The Potomac Hunt Foxchasing School**



**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency Contact Information:**

**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Rider Age:** \_\_\_\_\_ <16 (Must be accompanied by an adult)

\_\_\_\_\_ <24

\_\_\_\_\_ >24

**Briefly describe your riding experience and goals for this program:**

Horse's Name/Age: \_\_\_\_\_

Previous Foxchasing Experience?:

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Using the scale below, tell us how you feel about:

1	2	3	4	5
Makes me want to cry		I could do that		Sounds like fun!

Trotting outside the ring in a group:	1	2	3	4	5
Hand Gallop across a field in a group:	1	2	3	4	5
Cantering down a 20° degree slope:	1	2	3	4	5
Crossing a stream in knee deep water:	1	2	3	4	5
Jumping a ditch or up a steep bank:	1	2	3	4	5

Any Questions?

Contact Carol Nair 240-672-3726

Email application to:

[cdnair@verizon.net](mailto:cdnair@verizon.net)

