



Chris Cox Horsemanship Company

Colt Starting Clinic

Name:	Today's Date:
Address:	Contact Numbers: Home: Cell:
Birth Date:	E-mail:
CCHC previously attended (Where & When):	Other Clinicians' clinics attended:

1. Have you started a colt before? Y / N. If so how many colts have you started?

2. Do you have any physical limitations? Y / N, if yes please give details:

3. Why do you want to attend this colt starting clinic & your expectations?

Note: To become approved for this Colt Starting Clinic ALL application submissions must be accompanied by a video that demonstrates your ability with both ground work and on horse back.