



**ESHS EQUESTRIAN CLUB MEMBERSHIP
QUESTIONNAIRE**

Name: _____ Date: ___/___/_____ Age: ___

Email: _____ Seton Class: __ *Class of* _____

I. Riding Experience (*with [link to] video demonstrating riding ability if available*):

II. Barn & Horse Experience (*How comfortable are you on the ground around horses?*):

III. Why do you [want to] ride? What are your goals and dreams?

IV. What do you want to get out of this club?