

**MT. GILEAD CAMP AND CONFERENCE CENTER  
EQUESTRIAN QUEST I AND II QUESTIONNAIRE**

Name of camper \_\_\_\_\_ age \_\_\_\_\_ grade \_\_\_\_\_

Full mailing address \_\_\_\_\_

Phone Number \_\_\_\_\_

1. Riding Experience

a. How many years have you ridden? \_\_\_\_\_

b. Have you taken formal lessons? \_\_\_\_\_ For how long? \_\_\_\_\_

c. Where, When, and how often did you ride? \_\_\_\_\_

d. What style of riding did you do? \_\_\_\_\_

e. What is your level of riding? Beginner Adv. Beginner Intermediate Advanced Expert

2. Explain trotting on the correct diagonal and cantering on the correct lead \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Do you have jumping experience? \_\_\_\_\_ If so, explain your experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Explain your trail riding experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Describe your experience caring for a horse \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Do you own a horse? \_\_\_\_\_ 7. Do you have experience as a corral aide or stable hand? \_\_\_\_\_

8. What do you want to experience and learn as part of the Equestrian Quest week? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Acceptance into the Equestrian Quest program is subject to approval. Please mail this questionnaire to:

Beth Yori PO Box 41 Crum Lynne, PA 19022