

Centered Riding® Instructor Course Application



Please review the requirements to become a Centered Riding Instructor which can be found at <http://www.centeredriding.org> (Look under "Instructors") Please complete this application and return it to the Clinic Organizer at least 2 weeks before the clinic. The Clinic Organizer must send a copy of each Instructor Application to the Clinic Instructors before Part I of the Course.

Instructor Course Location: _____ Date of Course: _____

Applicant's Name: _____

Date of Birth: (month/day/year) _____ (applicant must be minimum of 18 years old)

Street Address: _____

City: (note: **include** postal code if it precedes city): _____

State/Prov: _____ Zip/Postal Code: _____ (enter only if it **follows** city, state or prov.)

Phone: (include country code for foreign nos.) _____ Fax: _____

Email: _____ Cell Phone: _____

- I have ridden in at least one two- or three-day Centered Riding Open Clinic or two or more one day Open Clinics and am attaching a copy of the Certificate of Participation from this clinic (NOTE: If you do not have a Certificate of Participation, please provide the information below::

Date: _____ Location: _____ Clinician: _____

Date: _____ Location: _____ Clinician: _____

OR

- I have had _____ Centered Riding® lessons from the following Level III, Level IV Apprentice or Level IV Clinician: (Name): _____
(Note: a minimum of 6 lessons and a written recommendation is needed from a Level III Clinician or a minimum of 4 lessons and a written recommendation is needed from a Level IV or Level IV Apprentice in order to take the Instructor Course)

- I have taught riding for at least one year

- I am able to ride with good form and control in a group at walk, trot/jog, & lope/canter (any seat) and execute schooling figures and ride over ground poles.

Do you have any disabilities, limitations, or problems, which the clinic instructors should be aware of (injuries, taking medication, etc.)? If so, please describe:

Which disciplines do you ride, teach, and/or compete in? To what level? What is your primary discipline?

- Dressage:
- Hunt seat:
- Combined Training / Eventing:
- Stock seat:
- Saddle seat:
- Distance riding:
- Pleasure/recreational riding:
- Therapeutic riding:
- Other (describe):

Please answer the following questions: (use back if more room is needed)

Please describe your riding level, experience and training in horsemanship.

Please describe your experience and training in teaching riding and your education.

What are your long-term goals in horsemanship and teaching riding?

What experience have you had with Centered Riding® and body awareness methods?

(Important!) What do you hope to learn from the Centered Riding Instructor Course?

Please return this application to the *clinic organizer* listed on the CR website for the clinic you wish to attend. Contact the clinic organizer with any questions you have as to costs, accommodations and procedures that will take place at the clinic.

CENTERED RIDING® , INC.

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