



MOUNTED GAMES ACROSS AMERICA
CLINICIAN INFORMATION 2012

Date Filled Out: _____

Name: _____

Address: _____
City State Zip code

Phone: _____ Current MGAA member: _____

Email Address: _____ Birth date: _____ (Must be at least 18 years old)

Please answer all questions as fully as possible

1. Mounted games experience as a rider. please be detailed:

2. Mounted games experience as a coach/instructor/clinician. please be detailed:

3. Mounted games experience as an official, such as judge, starter, TD, etc:

4. Is there any other information you would like to include?
(Use additional sheets if necessary)

5. Which games rider levels do you prefer to work with?
(Check all applicable)

Novices _____ Intermediate _____ Masters _____ Fossils _____
Young riders _____ Teenage riders _____ Adult riders _____

6. Do you charge a fee? Yes _____ No _____ Negotiable _____

If yes, how much?(\$\$ per day, \$\$ per hour) \$_____

7. Are you willing to travel? Yes _____ No _____ Distance? _____ miles

8. Are you able to provide/bring equipment? Yes _____ No _____

9. Do you have your own insurance? _____ **Or do you need to be covered by the sponsoring organization?** _____

10. When are you available?

_____ Any time of the year

_____ Summer only

_____ Other times, list restrictions:

11. Please provide the name, address and phone number of two references who are familiar with your abilities as games coach/instructor/clinician.

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

12. Do you want this information posted on the MGAA website? Yes: _____ No: _____
(Otherwise, only your name, city and state and email address will be available)

RETURN THE COMPLETED DOCUMENT ELECTRONICALLY TO:

mgaainfo@mountedgames.org