**Instructor / Coach Information**

**Please complete this form for every coach or instructor that will be attending the Horse Show with your delegation**

 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Certified Special Olympics Georgia? Yes \_\_\_\_\_ No \_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_

Phone # Day ( \_\_\_ )\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Night ( \_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax ( \_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best time to call? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Stables/Facility where you train \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Please be as accurate as possible in selecting the division for your athlete according to his/her ability level. Refer to class descriptions and patterns for each division.
* Beginner I through Intermediate III must choose English or Western. Riders may not cross between divisions. English riders must choose between Dressage and Equitation. Western riders must choose between Western Riding and Horsemanship.
* Intermediate IV, Advanced I and Advanced II may enter both English and Western classes
* Please indicate if other horses are being used for each class. (Rider Entry Form)

I certify that I have read, understand and shall abide by the Official Special Olympics Sports Rules for Equestrian Sports and the information provided by Special Olympics Georgia for Equestrian Sports. I have entered this athlete in the safest, most appropriate division level for his/her ability.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person completing entry form Date