

Rookie Rider Report Form

Name of Coach: _____

Date(s): _____ Venue: _____

Event: _____

	Participants Age	Gender
1		
2		
3		
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20		

Modules Delivered:

Single session Introduction

Full Program

Full Program without a horse

Components:

of Ticket to Ride vouchers distributed:

Please return to:
 Horse Council BC
 27336 Fraser Hwy, Aldergrove, BC, V4W 3N5
 coaching@hcbc.ca



