



Craig Cameron Ride Smart Horsemanship
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Application for Ride Smart Apprenticeship

First/Last Name: _____ Date: _____

Date of Birth: _____ Age: _____ Gender: _____ Weight: _____ Height: _____

Street Address: _____ City/State/Zip: _____

Cell Number: _____ Home Number: _____ Email: _____

For how long do you want to apprentice? _____ When would you prefer to begin? _____

Parent Guardian Name: _____ Parent/Guardian Cell Number: _____

Parent/Guardian Home Number: _____ Emergency Contact Number: _____

BRIEFLY describe your horsemanship experience:

BRIEFLY describe what you are hoping to gain out of a Ride Smart Apprenticeship:

Thank you for applying!

- Craig Cameron and the Ride Smart Horsemanship Team