



PROFESSIONAL RIDERS ORGANIZATION

CONTACT INFORMATION

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone (CELL PREFERRED) (____) _____ Email (REQUIRED) _____

Best Means of Contact (CHECK BOXES) Call Text Email

RIDER INFORMATION

Nationality _____ Date of Birth ____/____/____ Gender Male Female

Hometown _____ State _____

Education (please list high school and college if applicable)

College _____ Degree _____ Higher Education _____

Marital Status _____

Barn/Farm/Business Name - Please include your business name, the farm you operate out of, locations, and dates. (LIST ALL IF SEVERAL APPLY)

Services Offered (PLEASE CHECK ALL THAT APPLY)

Lessons Coaching Training Sales Clinics Officiating

Other _____

Career Highlights: AS A RIDER (ATTACH AN ADDITIONAL SHEET IF NEEDED)

PLEASE RETURN COMPLETED FORM TO:

info@professionalriders.org or PRO, 74 Camp Road, Nottingham, PA 19362

COMPETITION HORSES

Name _____ Year Foaled _____ Nickname _____

Owner(s) _____ Owners' Hometown _____

Height _____ Color _____ Breed _____ Sex _____

Interesting Information/Achievements

Name _____ Year Foaled _____ Nickname _____

Owner(s) _____ Owners' Hometown _____

Height _____ Color _____ Breed _____ Sex _____

Interesting Information/Achievements

Name _____ Year Foaled _____ Nickname _____

Owner(s) _____ Owners' Hometown _____

Height _____ Color _____ Breed _____ Sex _____

Interesting Information/Achievements

BUSINESS (IF APPLICABLE)

How many lessons do you teach in an average week?

How many clinics do you teach annually?

How many horses are in your barn?

OTHER

Hometown Newspaper(s) (PLEASE ONLY LIST NEWSPAPERS YOU WOULD TO RECEIVE PRESS RELEASES)

Current Residence(s) Newspaper(s)

Sponsors

Anything else you would like us to know! (ATTACH AN ADDITIONAL SHEET IF NEEDED)