

HELP US SHAPE KCDS

TO SERVE YOU BETTER

Do you own your own horse: _____ How many: _____

What type of riding disciplines do you participate in: (check all that apply)

Dressage _____ Jumping _____ Eventing _____ Other _____

What type of riding do you do: (check all that apply)

Pleasure riding _____ General Training _____ Schooling shows _____

Recognized Shows _____ Other _____

Where do you keep your horse:

At Home _____ Board at Stable _____ Which stable: _____

Do you take lessons: _____

How frequently _____ Which Instructors do you work with _____

Do you participate in Clinics: _____

Which Clinicians: _____

Who would you like to see come to the area: _____

What educational activities would you participate in: (check all that apply)

Adult or Youth Camp _____ Instructor Certification _____ Judges Certification _____

Freestyle Clinic _____ "Judge-in-your-ear" _____ Horse Health _____ Horse Care _____

Learning to scribe _____ Buying & selling horses _____ Exercises to improve your riding _____

Other Ideas _____

Do you participate in the Awards Program: _____

Are you interested in breed specific awards: _____ Other awards: _____

Do you volunteer: _____ if not, why not (comfort level, time, etc.) _____

Is there anything else you would recommend to improve KCDS _____
