



# **MOUNTED GAMES ACROSS AMERICA**

## **CLINICIAN INFORMATION**

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Name: JAKE CONE

Address: 14900 Poplar Hill Rd Darnestown MD 20874  
City State Zip code

Home Phone: 301 330-1154 Cell Phone: 301 919-0969

Email Address: Jakecone@verizon.net Birth date: 1/20/89  
(Must be at least 18 years old)

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**Please answer all questions as fully as possible**

**1. Mounted games experience as a rider (both Pony Club and MGA) please be detailed:**

I have competed at the junior and senior level of pony club games, including a national title at the senior level. I have consistently competed in A finals in all MGAA competitions. I have also competed at the international level numerous time, including multiple first place finishes.

**2. Mounted games experience as a coach/instructor/clinician (both Pony Club and MGA) please be detailed:**

Similar to my riding accomplishments I have also been a fairly successful coach. I have trained many individual riders in preparation for international teams, as well as numerous teams in preparation for and during competitions. I have done this at all levels from beginners to international level players. I have been told I am a good trainer that incorporates horsemanship skills into my teaching.

**3. Mounted games experience as an official, such as judge, starter, TD, etc. (Pony Club and MGA):**

While I have never been an official in Pony Club, I have many times volunteered my time as an official for MGAA. This includes line judging as well as the being the Judge in a competition. These responsibilities along help me to understand and know the rules of the sport.

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**4. Is there any other information you would like to include?**

(Use additional sheets if necessary)

**5. Which games rider levels do you prefer to work with?**

(Check all applicable)

Novices  Intermediate  Masters

**6. Do you charge a fee?** Yes  No  Negotiable

If yes, how much?(\$\$ per day, \$\$ per hour) \$ as little as possible

**7. Are you willing to travel?** Yes  No  Distance? any miles

**8. Are you able to provide/bring equipment?** Yes  No

**9. Do you have your own insurance?**  **Or do you need to be covered by the sponsoring organization?**

**10. When are you available?**

Any time of the year

Summer only

Other times, list restrictions:

**11. Please provide the name, address and phone number of two references who are familiar with your abilities as games coach/instructor/clinician.**

1. Robert Taylor Phone 301-351-2691

2. Barry Cone Phone 301-318-7342

3. Jessie Pillard Phone 610-505-3468