



**MOUNTED GAMES ACROSS AMERICA**  
**CLINICIAN INFORMATION**

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Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Birth date: \_\_\_\_\_ (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:**

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

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

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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) \$ \_\_\_\_\_

**7. Are you willing to travel? Yes \_\_\_\_ No \_\_\_\_ Distance? \_\_\_\_\_ 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. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_

**12. Do you want this information posted on the MGAA website? Yes: \_\_\_\_ No: \_\_\_\_  
(Otherwise, only your name, city and state and email address will be available)**

**RETURN THE COMPLETED DOCUMENT ELECTRONICALLY TO:**

[mgaainfo@mountedgames.org](mailto:mgaainfo@mountedgames.org)

**OR Mail to:**

**Sharon Brown, 15710 Union Chapel Road, Woodbine 21797**