Chris Cox Horsemanship Company

3 – DAY HORSEMANSHIP CLINIC

HOST FACILITY QUESTIONNAIRE

DATE: _____

NAME of HOST (S): _____

Mailing Address of Host(s) _____

_____

_____

CONTACT NUMBERS: Cell: _____ Home:_____

Email: _____

3 – DAY CLINIC NAME: _____

Address of Facility Location: _____

_____

_____

DO YOU OWN THIS FACILITY? YES ____ NO _____

IF YOU DO NOT OWN THIS FACILITY, PLEASE PROVIDE NAME AND CONTACT INFORMATION OF THE PERSON OR ENTITY WHO OWNS THE FACILITY:

NAME: _____ PHONE # _____

Email: _____

ARENA(S) AT THE HOST FACILITY: (Please check all that apply)

_____ COVERED INDOOR ARENA SIZE: _____ ft. x _____ ft.

_____ OUTDOOR ARENA SIZE: _____ft. x _____ft.

_____ ROUND PEN SIZE: _____ ft. in diameter

_____ OUTSIDE RIDING AREA

NUMBER OF COVERED HORSE STALLS FOR RENT: _____

COST OF STALL RENTAL PER NIGHT? _____

NUMBER OF RV HOOKUPS AVAILABLE AT HOST FACILITY? _____ Cost per night: _____

Electric only _____ Water & Electric _____ Water, Electric & Sewage _____

DO YOU HAVE A BUNKHOUSE OR CABIN ACCOMODATIONS AVAILABLE AT THE

CLINIC FACILTIY? _____ YES _____ NO

If yes, how many people can you accommodate? _____

COST PER PERSON PER NIGHT? _____

NAMES OF HOTELS NEAR YOUR FACILITY:

_____

_____

DO YOU PROVIDE MEALS AT THE HOST FACILITY? _____YES _____NO

If yes, cost per person? _____

ARE THERE RESTAURANTS NEAR YOUR FACILITY?

DO YOU HAVE AN COVERED AREA FOR CCHC MERCHANDISE SETUP/SALES?

_____ Yes _____ No

<u>DATES YOU ARE AVAILABLE FOR HOSTING A CLINIC:</u>

Option 1 _____

Option 2 _____

Option 3 _____

If more options dates are available for you to host a clinic – please attach a separate sheet of paper indicating 3 day weekends (Friday, Saturday & Sunday) available.

Please return this form to: Chris Cox Horsemanship
Attn: Clinic Coordinator
5309 W. FM 1885
Mineral Wells, TX 76067
Email: cheryl@chris-cox.com

Office: 940-327-8113
Fax: 940-327-8183