



THE HORSEMAN'S MISSION

FULFILLING our DREAM with GOD'S CREATION, our EQUINE FRIEND, the HORSE.

APPLICATION FOR COLT STARTING

Name: _____

Address: _____

Phone: _____

Email: _____

Date of Birth: _____

Do you Train? _____ Part Time: _____ Full Time: _____

How many colts have you started in the last three years? _____

What other training have you done in the last three years? _____

Have you ever trained under other trainers? _____

If so, Who? _____

For how long? _____

Have you ever done colt starting competition in the past? _____

If yes, where? _____

Who are some trainers who have influenced your style / techniques? _____

Have you done any colt starting clinics? _____

If yes, where? _____

Please list three references regarding your horse training abilities:

1. _____

Phone: _____

2. _____

Phone: _____

3. _____

Phone: _____

Please list one reference who can attest to your Christian testimony.

Please return the completed form to: Matt Oswald by _____.

29578 State Route 93, Fresno OH 43824 | 740.552.9827

matto@keimlumber.com