



Please return this completed form (one for each participant) at least 14 days prior to your scheduled arrival date. We ask that this form be completed and returned promptly so that we may accommodate your requests. If you have any questions, please call us at 802-483-2311 Ext. 136 or 802-483-6089. We look forward to riding with you!

Arrival Date:				Departure Date:				
Name (first & last):		Age:	Height:	Weight:	Riding Experience:			Number of years riding
					Advanced**	Intermediate**	Beginner	
What seat do you prefer?				** Can you canter safely?				
		Western	English			Yes or No		
What type of riding have you done?				Have you ever been on a trail ride?				
		Ability Level	# Rides /Month	# Lessons /Month			Yes or No	
Western								
English								
Dressage								
Trail Riding								
Jumping								
Eventing								
Other								
				If yes, did you WALK, TROT or CANTER? (please circle)				
				What is the temperament of the horses you have been riding?				
		Quiet	Spirited					

Please note: Reservations are required for all riding activities. Please indicate below the activities that you desire. So that we can accommodate all of our guests' various riding schedules, last minute changes will not be possible. All changes must be requested minimum 24 hours before the scheduled time. Due to limited availability, changes may not be possible. Please call the stables if you have any questions on the lessons or the trails. Thank you.

Lessons		Number/Day	<i>Lessons are limited to 2 per day</i>	Do you plan to ride on the day of your arrival? * Yes or No <input type="checkbox"/>			
<i>Desired discipline:</i>			<i>The Horse Back Riding</i>				
English			<i>Vacation package</i>				
Western			<i>includes 6 hours of trail riding. All other riding must be paid for seperatly. The 3 hour ride is not included in any package</i>				
Dressage							
Jumping				If yes to this question, what is the earliest time we may schedule you on the day of your arrival - Noon 1pm 2pm 3pm			
Intro Cross Country				Do you plan to ride on the day of your departure? * Yes or No <input type="checkbox"/>			
Trail Rides		# / Day		Estimated time of departure? * <input type="text"/>			
1 hour				* Room check-in 3:00 p.m.//Check-out 11:00 a.m.			
2 hour							
3 hour lunch							
*please indicate the dates you would like your rides on							

What would you like to learn while staying at The Mountain Top Inn & Resort ?

Is there any thing else we should know?

Comments?

Contact Information: please provide us with your phone number and e-mail address so we can contact you if we have questions and to let you know your riding schedule.

E-mail:

Phone:

PLEASE NOTE: An ASTM approved helmet is required and smooth soled boots with a heel are recomended to ride at Mountain Top Inn. We have some helmets for your use, but if you have your own, we recommend you bring them.

Thank you for taking the time to complete this form.

Please return to: The Mountain Top Inn & Resort
Equestrian Center
195 Mountain Top Road
Chittenden, VT 05737