

Lord Stirling Stable New Rider Test Request Form

(email to mmaciborski@scparks.org & bhirtes@scparks.org)

Rider's Name: _____ Date: _____

Junior riders— PARENT'S NAME: _____

Phone Numbers: (____) _____ Cell: (____) _____

Address: _____

E-Mail: _____

Adult Junior Age: ____ (if under 18) Birth date: __/__/____

Height: ____ Ft. ____ In. Weight: ____ lbs.

Are you able to:

Post the Trot? YES NO Canter? YES NO

Jump? YES NO Jump Height _____

Type of jump (x-rail, vertical) _____ Ridden a course? YES NO

If you have ridden at LSS, when? _____ What was your level? _____

If not, where have you ridden? _____

How long have you been riding? _____

How much do you ride per year? _____ Last time that you rode? _____

Availability for testing (Days, Nights, Weekends) _____

- Testing fee is \$12.00. Please bring exact change or a check.
- Arrive 15 minutes before the testing time to sign the waiver and pay the fee.
- Bring an approved equestrian helmet (manufacturer's date within the last 5 years) and riding boots with a minimum 1/4" heel (or borrow ours). Workboots/muck boots are not appropriate.
- Juniors must wear riding pants; may borrow ours for testing (limited number of sizes).
- All juniors must have parents sign the waiver.
- Testing will be held rain or shine -- testing is conducted in our indoor arena.
- If you cannot make it, please call ahead—we will have a horse prepared for you!
- If you have not ridden with us before AND have not participated in Somerset County Park Commission programs in the past, please go to www.somersetcountyparks.org to create an account. This will facilitate your class registration process.
- Questions? Please call 908-766-5955

If you have individualized needs due to a disability, please call 908 526-5650 and we will be happy to arrange reasonable modifications. Three weeks notice is required to ensure that appropriate modifications can be provided.



Lord Stirling Stable, 256 S. Maple Avenue, Basking Ridge, NJ 07920
908 766-5955 www.somersetcountyparks.org



New Rider Evaluation Form

Initial Contact: _____ Scheduled with: _____

Testing Date: _____ Time: _____

Assigned horse: _____ Assigned level: _____

Ground Handling Skills	Mounting/Dismounting
Hand Position with Reins	Leg and Seat
Overall Posture/Equitation	Steering
Walk	Halt
Trot/diagonal	Two-Point Position
Canter/ lead	Rating horse
Transitions	Awareness

Additional notes: _____

