



Mustang Heritage Foundation
PO Box 979
Georgetown, TX 78626
Phone: 512-869-3225
Fax: 512-869-3229

TRAINER APPLICATION

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Daytime Phone: _____ Cell: _____

Email Address: _____ Age: _____

*Must be 18 yrs. old to apply

Circle One: Male / Female Marital Status: Married / Single

Questionnaire: All questions must be completed.

Please feel free to use the reverse side or additional pages if necessary. MHF may complete a background check on applicants.

- 1. How many years have you trained horses?
2. Have you ever been accused or convicted of animal or human abuse/neglect/cruelty?
3. Are you a professional or have you received compensation for training?
4. Have you trained a wild horse or Mustang received directly from an adoption or BLM facility (not a Mustang that had previous gentling or training)?
5. Do you currently have any untitled mustangs at your facility, if so, how many?
6. Do you compete in horse related events? If so, which disciplines/breeds do you compete in?
7. Have you won awards and/or recognition in these disciplines?
8. Do you or a family member own the facility where you will be training the Mustang? Y / N
9. Please submit, using another sheet of paper, a short trainer bio and a short explanation as to why you think we should select you as a trainer for this program.
10. Please email or attach a photo of yourself with this application for promotional purposes.

By signing below I am stating that I am aware and in agreement that participation in this event is by invitation only; therefore, the Board of Trustees has the unqualified right to determine eligibility and can, at any time, remove a contestant from a Mustang Heritage Foundation program and competition for any or no reason at all. I am also stating that all questions above have been answered honestly by the trainer applying for this competition.

Applicant Signature: _____ Date: _____



MHF AND BLM FACILITY REQUIREMENT FORM

Trainer Name: _____ Phone #: _____

Social Security #: _____ Drivers License # _____ State _____

Question 1. Describe your existing facility and transportation:

- a) **Corral**
 Dimension: Length _____ Width _____ Height of Corral _____
 Gate Height _____ Gate Width _____
 Materials used in Corral _____ Materials used in Gate _____
- b) **Shelter**
 Maximum Height _____ Minimum Height _____ Gate Height _____ Gate Width _____
 Materials used in Shelter _____
 Attached to Corral? Yes No; If not attached, how is it accessible? _____
- c) **Feed**
 Type of Hay or Pasture _____ Amount per Day _____
 Supplemental Feed _____
- d) **Access to Water**
 Water Tank Size _____ Source of Water _____
- e) **Trailer**
 Interior Length _____ Interior Width _____ Interior Height _____
 Covered with _____ Type of Doors _____

Draw a map to the location where animal will be kept (from the nearest major highway).
N

Draw a layout of corral(s) and shelter(s)
N

Directions to facility: _____

Physical Address: _____

Mustang Heritage Foundation - TIP Program

TRAINER REFERENCE FORM

If the individual providing the reference would like for the information to remain confidential, please feel free to mail this form directly to the Mustang Heritage Foundation, P.O. Box 979, Georgetown, TX 78626. Fax: 512-869-3229

Name of Applicant: _____

Name of Reference: _____

Ref. Home Phone: _____ Ref. Alternate Phone: _____

Ref. Email Address: _____

1. How long have you known this trainer?

2. How often do you see this trainer ride or work horses?

3. Do you feel that their facilities are suitable for working with a wild horse?

4. Do you have any concerns about the horses in the care of this trainer?

5. Would you recommend this trainer to people with unbroken or difficult horses?

Personal Comments: (Regarding skill, work ethic, values, etc.)

Mustang Heritage Foundation - TIP Program

TRAINER REFERENCE FORM

If the individual providing the reference would like for the information to remain confidential, please feel free to mail this form directly to the Mustang Heritage Foundation, P.O. Box 979, Georgetown, TX 78626. Fax: 512-869-3229

Name of Applicant: _____

Name of Reference: _____

Ref. Home Phone: _____ Ref. Alternate Phone: _____

Ref. Email Address: _____

6. How long have you known this trainer?

7. How often do you see this trainer ride or work horses?

8. Do you feel that their facilities are suitable for working with a wild horse?

9. Do you have any concerns about the horses in the care of this trainer?

10. Would you recommend this trainer to people with unbroken or difficult horses?

Personal Comments: (Regarding skill, work ethic, values, etc.)
