

QUEENSLAND CLINIC

5th & 6th July 2010, Gatton QLD

Clinician: CAROLYN JOHNSON, USA

INTRODUCTION

I started with horses at the age of 10, showing in 4-H and open horse shows. I bought my first registered Quarter Horse at the age of 12, and started competing at the local Quarter Horse shows in New York State. In 1979 I married and moved to Connecticut where I worked as a Professional for 29 years training, showing, and teaching at our 70+ breeding and show facility, specializing in Youth and Amateur All Around Horses. During those years I traveled with my family competing on a national level in the United States and Canada. In January of 2007 I moved to Ringgold GA, where I am focusing on some young reining prospects with my son and daughter in law, Kyle and Heather Johnson. I work full time for Class Eight Custom Flooring Products, a division of the Astroturf Company, as sales manager in Dalton, GA.

ACCOMPLISHMENTS

2005 CONNECTICUT PROFESSIONAL HORSEMEN OF THE YEAR AQHA

2008 AQHA JUDGES APPLICANT

21 CONGRESS AND WORLD CHAMPIONS

3 AQHA HONOR ROLL TOP TEN

NUMERIOUS REGISTER OF MERIT AWARD WINNERS

EVENTS

Halter, Showmanship, Hunter Under Saddle, Hunt Seat Equitation, Hunter Hack, Working Hunter, Western Pleasure, Western Horsemanship, Western Riding, Trail, Reining and Pleasure Driving

CLINICS

Vermont Quarter Horse Association

Massachusetts Quarter Horse Association

Connecticut Quarter Horse Association

Region 6 Quarter Horse Show 2004

Region 6 Quarter Horse Show 2005

AQHA MEMBER SINCE 1970

AQHA LIFE MEMBER SINCE 1989

AQHA PROFESSIONAL HORSEMAN SINCE 1995

AQHA JUDGE 2008



**Queensland Clinic
Amateurs, Youth and Trainers
5th and 6th July at Gatton Showgrounds**

Clinician – Carolyn Johnson, Georgia, USA

Applicants Name: _____

Address: _____

Mobile: _____ Email: _____

Riding Monday Yes/No Riding Tuesday Yes/No \$150 per day
Fence sitting Mon. Yes/No Fence Sitting Tues. Yes/No \$50 per day

Payment by cheque or credit card

Credit Card number _____ / _____ / _____ / _____

Expiry Date ____ / ____

Name on Credit Card:

I hereby authorize the AQHA to deduct from my credit card the amount of
\$ _____

Signature: _____ Please return this
completed form with payment to : AQHA PO Box 979, Tamworth 2340 by
the 18th May 2010