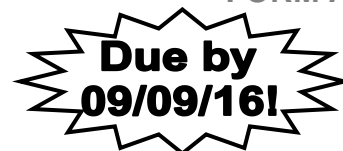




EQUINE AFFAIRE CLINIC APPLICATION
 November 10-13, 2016
 Eastern States Exposition; West Springfield, MA



Name of Rider _____ Age (if junior) _____

Street Address _____ City _____ State _____ Zip _____

Phone (day) _____ (evening) _____ On-site cell number: _____

Email address: _____

Name of horse's owner (if other than rider) _____ Phone _____

Breed of Horse _____ Age _____ Sex _____ Name _____

Is your horse exhibiting in the Breed Pavilion or the Horse & Farm Exhibits at the 2016 Equine Affaire? Yes No

If so, with what breed? _____

Is your horse broke to ride? Yes No If so, in what discipline(s) do you ride your horse? _____

In what division(s) and at what level(s) do you compete? _____

For which clinic(s) do you wish to apply?

Clinician _____ Day & Date _____ Time _____

Clinician _____ Day & Date _____ Time _____

Clinician _____ Day & Date _____ Time _____

Clinician _____ Day & Date _____ Time _____

PLEASE RETURN AN APPLICATION PACKET INCLUDING THE FOLLOWING:

- A completed **Equine Affaire Clinic Application**
- A **written description** of your horse's history, training, and your riding experience.
- A **recent video** of you and your horse schooling, competing, working, or as per the clinicians' request. DVD format accepted; Youtube video preferred (please include video title and link below).

Youtube.com title: _____

Youtube.com link: _____

NOTE: When applying for more than one clinic, please submit a separate video for each clinician with whom you are applying to ride (if submitting video as DVD).

- **Payment:** Check made payable to "Equine Affaire, Inc." in the amount of the clinic fee(s), which are listed with each session in the clinic summaries. If submitting check(s), please send one check for each clinic to which you have applied. Or, provide credit card information via the Credit Card Authorization Form. Checks/credit cards for accepted participants will not be deposited / processed before September 9, 2016; checks will be voided for riders who are not selected.

A \$45.00 fee will be charged for any check or credit card returned for insufficient funds, closed account, or any other reason. Payment to cover original check/credit card amount plus this insufficient funds fee must be made by bank cashier's check. Late payment fees may also apply. Entry fees of selected participants are nonrefundable.

Submit application packet no later than September 9, 2016, to: clong@equineaffaire.com –OR– Coagi Long; Equine Affaire, Inc.; 2720 State Route 56 SW; London, OH 43140

Participants will be offered one (1) daily admission pass to Equine Affaire and 24 hours of stabling for each clinic in which they participate. Participants are responsible for their own bedding. Additional stabling is available for \$40/night. Please call Coagi Long at (740) 845-0085 ext. 114 or email clong@equineaffaire.com with any questions.

WARNING: Under Massachusetts law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 2D of chapter 128 of the General Laws.

[For Office Use Only: Date Received: _____ Check #'s: _____ _____ _____ _____ Video: Y / N Picture: Y / N]