

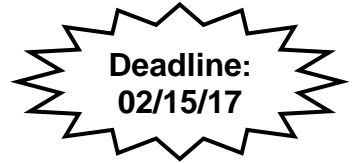


EQUINE AFFAIRE CLINIC APPLICATION

April 6-9, 2017

Ohio State Expo Center; Columbus, OH

FORM A



Name of Rider _____ Age (if junior) _____

Street Address _____ City _____ State ____ Zip _____

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

E-mail 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? _____

If so, with what breed? _____

Is your horse broke to ride? _____ 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, you must include a separate check for each clinic and send 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. Or, provide credit card information on the Credit Card Authorization Form. Checks/credit cards for accepted participants will not be deposited/processed before February 17, 2016; checks will be returned to 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 cashiers check. Late payment fees may also apply.

Return application packet no later than February 15, 2017, to:

Alison Scott; Equine Affaire, Inc.; 2720 State Route 56 SW; London, OH 43140 or email to ascott@equineaffaire.com or fax to (740) 845-2879

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 Alison Scott at (740) 845-0085 ext. 105 or email ascott@equineaffaire.com with any questions.

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