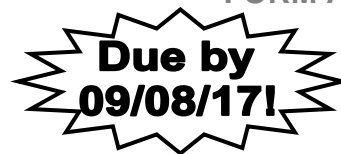




EQUINE AFFAIRE CLINIC APPLICATION  
November 9-12, 2017  
Eastern States Exposition; West Springfield, MA



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.

Payment 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 the 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 8, 2017, to: [ascott@equineaffaire.com](mailto:ascott@equineaffaire.com) –OR–  
Alison Scott; 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 Alison Scott at (740) 845-0085 ext. 105 or email [ascott@equineaffaire.com](mailto:ascott@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]