



EQUINE AFFAIRE YOUTH RIDER CLINIC APPLICATION

November 8-11, 2018

Eastern States Exposition, W. Springfield, MA



To the Parent or Legal Guardian: As a safety measure Equine Affaire, Inc. does not permit children under the age of 18 to ride horses at Equine Affaire without the approval of their parents or legal guardian and the management of Equine Affaire, Inc. We realize that there are many young riders who possess the skills and experience necessary to ride in large, congested indoor arenas in front of thousands of people, but we need to be able to identify in advance those young riders who can function safely in the challenging environment of a major event like Equine Affaire. Please complete and submit the following application so that we will be able to evaluate your child's riding ability. This application is to seek approval for your child to ride **ONLY** the horse described within this application and only within designated riding areas at the event.

Please print or type this application.

Name of Rider _____ Age (if junior) _____

Name of Parent or Legal Guardian _____

Street Address _____ City _____ State ____ Zip _____

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

E-mail address: _____

Name of horse your child would ride at Equine Affaire: _____

Do you own this horse? Yes No For how long have you owned the horse? _____

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

Breed of Horse _____ Age _____ Sex _____

Is your horse exhibiting in the Breed Pavilion or the Horse & Farm Exhibits at the 2018 Equine Affaire? Yes No

If so, with what breed? _____

For how long has your son or daughter been riding horses? _____

In what discipline(s) does he/she ride? _____

In what division(s) does he/she compete? _____

At what level does your child compete?

4H Pony Club Open Shows Rated Breed Shows Rated sports shows

Other (please describe):

EQUINE AFFAIRE YOUTH RIDER CLINIC APPLICATION (continued)

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 Youth Rider Clinic Application**
- A **written description** of your child's and horse's experience, training, history, current level of expertise, and competitive riding accomplishments. If your child rode during Equine Affaire last year please simply include an explanation as to their prior participation.
- A **recent video** of your child and their 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 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 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 September 10, 2018, to:

Beth Volpe; Equine Affaire, Inc.; 2720 State Route 56 SW; London, OH 43140 or email to bvolpe@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 Beth Volpe at (740) 845-0085 ext. 103 or email bvolpe@equineaffaire.com with any questions.

I believe that my son or daughter possesses the expertise needed to ride the above-described horse safely at Equine Affaire. I agree to be present at all times that my child is riding the horse, and I will complete and sign a Release from Liability for my son/daughter and the horse.

Parent/Guardian Signature: _____ Date: _____