

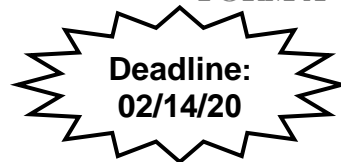


# EQUINE AFFAIRE CLINIC APPLICATION

April **2-5**, 2020

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 2020 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:**

- o A completed Equine Affaire Clinic Application
- o A written description of your horse's history, training, and your riding experience.
- o 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: \_\_\_\_\_

- o 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. When applying for more than one clinic, you must include a separate check for each clinic.  
 Credit card (Electronic invoices will be emailed once selections are made to the email address supplied above. Participant will submit payment online upon receipt of invoice. A 2% convenience fee will be added for credit card charges.)

Checks/credit cards for accepted participants will not be deposited/processed before February 14, 2020; checks will be voided for those 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.

**Return application packet no later than February 14, 2020, to:  
Ride With A Pro; Equine Affaire, Inc.; 2720 State Route 56 SW; London, OH 43140  
or email to [clong@equineaffaire.com](mailto:clong@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 (740) 845-0085 or email [clong@equineaffaire.com](mailto:clong@equineaffaire.com) with any questions.