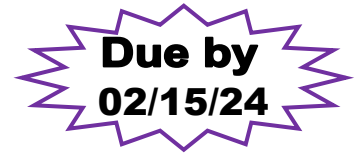




**RIDE WITH A PRO
CLINIC APPLICATION**
April 11-14, 2024
Ohio Expo Center | Columbus, OH



Name of Rider _____ Age (if junior) _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Email address: _____

Emergency Contact: _____ Phone: _____

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 2024 Equine Affaire? Yes No

With what breed/organization are you exhibiting? _____

In what discipline(s) do you ride/drive/work your horse? _____

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

For which clinic(s) do you wish to apply? Please carefully review the clinic schedule and only apply for clinics that you are able to commit to *if selected for all* to which you apply.

Clinician _____ Clinic Code: _____

Clinician _____ Clinic Code: _____

Clinician _____ Clinic Code: _____

Clinician _____ Clinic Code: _____

Selected participants will be provided one (1) single-day admission pass to Equine Affaire, 24 hours of stabling, and a t-shirt for each clinic in which they participate. Participants are responsible for their own bedding. Additional stabling nights are available for \$45/night.

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. Youtube or Vimeo video

Video title: _____

Video link: _____

- **Payment: The fee for each clinic is \$105.00.** Payments will be processed via credit card. You will receive an electronic invoice upon notification of selection emailed to the email address supplied above. Payment will be due upon receipt of the invoice. A 2% convenience fee will be added for credit card charges.

If selected to participate in a clinic, you will be billed and responsible for the clinic fee. Entry fees of selected participants are nonrefundable. Payment for accepted participants will not be processed before February 15, 2024. A \$45.00 fee will be charged for any payment returned for insufficient funds, closed account, or any other reason. Payment to cover original amount plus the insufficient funds fee must be made by bank cashier's check. Late payment fees may also apply.

By signing below, I affirm I have reviewed and agree to the Ride With A Pro Terms & Conditions and wish to be considered for the above Ride With A Pro clinic(s).

Signature (parent/guardian if applicant is a junior): _____ Date: _____

Submit application packet no later than **February 15, 2024**, to:

lhelsel@equineaffaire.com –OR– Ride With A Pro; Equine Affaire, Inc.; 2720 State Route 56 SW; London, OH 43140

Questions? Please contact Lori Helsel at (740) 845-0085 ext. 107 or lhelsel@equineaffaire.com.



Equine Affaire's Ride With A Pro 2024 Bio Form

Rider Name: _____

Horse Name: _____

Bio: _____