



# Equine Extravaganza

## CLINIC APPLICATION

We offer several opportunities to participate with our clinicians at Equine Extravaganza. Please complete this form in its entirety, as only completed applications will be considered. Fees vary for each clinic. Riders may trailer in or reserve a stall for the day or for the three days of the event. Fee for each clinic includes the clinic and admission for one person (rider) to the event for the day. Riders under 18 may be accompanied by one parent at no charge for the day of the clinic. The cost of clinics ranges from \$75.00 to \$200.00. You will be advised of all fees as soon as your application is reviewed. Please include a \$50 deposit to reserve your space in the desired clinic. If your horse is not chosen for the clinic the deposit will be refunded. If your horse is selected, the deposit becomes non-refundable and the non refundable balance is due upon notification of acceptance.

Rider's Name: \_\_\_\_\_ Rider's Age: \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email \_\_\_\_\_

Rider's Address \_\_\_\_\_

### Clinics applying for:

Clinician	Day and Date	Time

### ABOUT YOUR HORSE

Name of Horse \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Is your horse \_\_\_\_\_ Unbroken \_\_\_\_\_ Started under saddle \_\_\_\_\_ Experienced under saddle

Horse History: Give brief description of horse's training history, style of riding and where ridden, competition level (if applicable).

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Please describe horse's behavior (rears, bites, kicks, bucks, spooky, what fears he has, etc.), include completion issues

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List your goals for you and your horse:

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Has your horse worked in a round pen? \_\_\_\_\_ Does your horse lunge? \_\_\_\_\_

Does your horse stand quietly for the Farrier? \_\_\_\_\_

Does your horse load on a trailer? \_\_\_\_\_ How long does it take? \_\_\_\_\_

What methods have you used? \_\_\_\_\_

What specific problems are you having with your horse?

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Please feel free to add extra pages for additional information. You will be contacted as soon as possible but no later than 30 days prior to the event if you are selected. Any questions can be directed to [info@equineextravaganza.com](mailto:info@equineextravaganza.com) or call 410-349-9333.

**Mail application and \$50 deposit to:  
Equine Extravaganza, 640 Owl Ct., Arnold, MD 21012**

Signature \_\_\_\_\_

Date \_\_\_\_\_

OFFICE: Check list

Stall Reservation form	
Liability Release Form	
Negative Coggins	
Health Certificate if needed	
Completed Application	
Amount Due	
Fees Paid	
Check number	
Stall needed (circle days)	FRI SAT SUN

Notes: \_\_\_\_\_

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