

# RANCH HORSE CLINIC APPLICATION



Applicant Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City ZIP

Indicate previous riding experience:

Formal riding lessons:  Yes  No If yes, explain:

Riding clinics:  Yes  No If yes, explain:

Do you have horse show experience?  Yes  No If yes, explain level of showing:

Do you have Ranch Riding or Ranch Trail Show experience?  Yes  No If yes, explain:

Name of horse: \_\_\_\_\_ Breed: \_\_\_\_\_

Horse's age: \_\_\_\_\_ Mare or gelding: \_\_\_\_\_

Does your horse have horse show experience?  Yes  No If yes, explain level of showing:

Does your horse have Ranch Riding or Ranch Trail Show experience?  Yes  No If yes, explain:

What goals do you have for yourself?

What goals do you have for your horse?

What would you like to learn and accomplish from this clinic?

For minors:

Parent name(s): \_\_\_\_\_ Parent phone: \_\_\_\_\_

Clinic fee: \$575

Application and payment must be received by February 1, 2024.

**Please send completed application and clinic fee check to:**

Iowa Equestrian Center: Attn: Renee Price

6301 Kirkwood Blvd. SW

Cedar Rapids, Iowa 52404

Make checks payable to: Iowa Equestrian Center

*Iowa Equestrian Center Releases to be completed upon arrival during Packet Pick-Up. Waivers must be completed and signed by participant or parent/legal guardian in order to participate in this clinic.*