

# INTERMEDIATE TO ADVANCED CATTLE CLINIC APPLICATION



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

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

Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State 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:

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

Do you have experience working cattle?  Yes  No If yes, explain:

Does your horse have experience working cattle?  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 at this clinic?

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

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

For minors:

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

Clinic fee: \$750

Application and payment must be received by March 14, 2025.

Negative Coggins and 30-day Certificate of Veterinary Inspection (health papers) required for all in-state and out-of-state horse participants.

**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 Pickup. Waivers must be completed and signed by participant or parent/legal guardian in order to participate in this clinic.*