

# Youth Clinic Application

March 13 - 14, 2026



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:

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:

**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:** \_\_\_\_\_

**March 13 – 14 Clinic Fee: \$150 per rider**

Application and fee due by Feb. 14, 2026.

**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.***