

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.