

Youth Clinic Application

July 24 - 25, 2026



Applicant Name: _____

Phone: _____ Email: _____

Address: _____
Street City ZIP

Indicate previous riding experience:

Were you a riding participant at the March clinic? Yes No

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:

PLEASE TURN OVER →

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: _____

July 24 – 25 Clinic Free: \$175 per rider
Application and fee due by June. 26, 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.