2019 Clinic Participant Application

Thank you for your interest in being a part of the 2019 Western States Horse Expo! Please fill out the information below and email it to the Horse Expo Team for review. Selections will be made 30 days before the event.

Name of Rider: _____ Age (if minor): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ On-site cell number: _____

Email address: _____

Name of horse owner (if not rider): _____ Phone: _____

Horse Breed: _____ Age: _____ Sex: _____ Name: _____

Is your horse exhibiting in any other demonstrations during the Expo (i.e. Breed Pavilion/riding group)? □ Yes □ No

If yes, with what group? _____

Is your horse broke to ride? □ Yes □ No If yes, what discipline(s)? _____

At what level do you ride with your horse?_____

_____

Which clinician(s) would you like to apply for & what dates are you available?

_____

_____

_____

Please make sure to include the following when you submit this form:

- Completed Application
- A written description of you & your horse (please include horses training, history & your riding experience as this will help match you up with the right clinic)
- A recent video of you riding your horse (can be at a show, a clinic or schooling at home). YouTube videos are recommended. If mailing a DVD, please make sure it is visibly marked who it is and include a return address if you would like it sent back.

Applications must be submitted by October 1st, 2019. Applications should be emailed to kala@horsexpo.com or mailed to Western States Horse Expo, 4970 Windplay Drive, Suite C7; El Dorado Hills, CA 95762.

Accepted Participants will be provided daily admission pass to the Horse Expo. Stabling is available for a fee, see the Stall Order Form for more information. Please call Kala at (530)672-7490 or email kala@horsexpo.com with any questions.