



Clinic Participant Application

Thank you for your interest in being a part of the Western States Horse Expo! Please fill out the information below and email it to the Horse Expo Team for review. Selections will be made 45 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 or Breed? _____

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

At what level(s) do you compete or ride with your horse? _____

Which clinic(s) would you like to apply for?

Clinician: _____ Date: _____ Time: _____

Clinician: _____ Date: _____ Time: _____

Clinician: _____ Date: _____ Time: _____

Clinician: _____ Date: _____ Time: _____

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

- Completed Application
- A written description of your horse (please include horses training, history & your riding experience)
- 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.

Applications must be submitted by March 1st, 2022. Applications should be emailed to letters@horseexpo.com or mailed to Western States Horse Expo, 13389 Folsom Blvd, Suite 300165, Folsom, CA 95630.

Accepted Participants will be provided one (1) daily admission pass to the Horse Expo and one day stall for each clinic in which they participate. Additional stabling is available for a fee. Please call (530)672-7490 or email letters@horseexpo.com with any questions.