



Clinic Participant Application

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/association demo)? Yes No

If yes, with what group? _____

Is your horse started under saddle? 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 April 15th, 2024. Applications should be emailed to letters@horseexpo.com or mailed to Western States Horse Expo, 7200 Lone Pine Drive, Rancho Murieta, CA 95683.

Accepted Participants will be provided with daily admission for you and one helper for each day they are riding. Stabling for the weekend is available for \$135/stall. Please call our office at (916) 354-2119 or email letters@horseexpo.com with any questions.