

## **Hawley Bennett Clinic Participant Application**

### \*\*Riders are required to ride both Saturday and Sunday\*\*

Name of Rider:				Age (if minor):
Street Address:				
				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 demons	strations du	ring the Expo (i.e. Breed	d Pavilion/association demo)? ☐ Yes ☐ No
If yes, with what grou?				
At what level(s) do you co	mpete or ride with	your horse	?	
Are there any additional c	linics you would lil	ke to apply	for?	
Clinician:			_ Date:	Time:
Clinician:			_ Date:	Time:
Please make sure to include	de the following w	hen vou si	ıhmit this form:	

- Completed Application
- A written description of your horse (please include horse's 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.

#### **Fees**

Two-Day Clinic - \$300 Haul-In Fee\* - \$75\_\_ Stall Fee\* - \$150 Tack Stall - \$100

- \*Daily haul-in for clinics, includes daily pass for you and one helper, and equine gift bag from Douglas Tack & Apparel
- \*\* Includes unlimited clinics (based on availability & acceptance by clinician(s), three bags of shavings, two three-day passes, one parking pass, mandatory environmental/manure removal fee, and equine gift bag from Douglas Tack & Apparel

Applications must be submitted by May 16<sup>th</sup>, 2025. Applications should be emailed to letters@horsexpo.com

For clinic questions, please contact Lauren Lopiccolo at <a href="mailto:lb4horses@hotmail.com">lb4horses@hotmail.com</a> or by phone at (530) 320-4677 For stall or Expo questions, please contact Horse Expo at (916) 985-7334 or email letters@horsexpo.com

# Participant Stall & Haul In Order Form

## **DEADLINE** May 16, 2025

This is a hard deadline - planning for success!

Contact Name:	E-mail:	
Emergency Phone #1:	#2:	
Address:		
City:	State:	Zip:
Please Stable With:		
I want to order the following (plea	se note if stallion):	
Stalls @ \$150.00 each	\$	Stallion
Tack Stall @ \$100.00 each	1 \$	
Stall Total Due:	\$	
_	☐ Discover ☐ Check End	closed
Card Holder: Account #:		
Expiration Date:		
Billing Address of Credit Card:		
City:	State:Z	Zip:
Authorizing Signature:	_	
Card / checks will not be processed Fees are non-refundable, with the Please complete the information a Mailing Address: 7200 Lone Pine D Email: letters@horsexpo.com	exception of vet letter nd return it to Horse Expo:	epted by clinician(s).