**Clinic Rider Application Form**

**Conrad Schumacher Clinic: April 13, 14, 15**

**Conrad Schumacher Clinic: May 16, 17, 18**

The following may be completed in an email format and returned as well. Rider preference will be given to regular TLC clinic riders and those who take a spot each day at the clinic.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hometown: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Horse’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_

Rider’s Working Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Horse’s Working Level:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The following will be submitted to the clinician. Please send a photo.*

**BIO/Horse and Rider History:** OK to share with clinic riders and auditors? (Circle one*)* **YES or NO**

**Riding Goals (what do you hope to get from attending Conrad Schumacher Clinic):**

$350 per ride Rider’s preference on number of rides: \_\_\_\_\_\_\_\_\_

Cost of stabling: $40 per day. Straw bedding. One additional audit spot is included with rides.

**Horse health requirements:**

1. Negative Coggins dated within 1 year.
2. 30 days Health Cert with proof of:
	1. Influenza and Rhinopneumonitis vaccinations given within the last 6 months
	2. Strangles, E & W Encephalomyelitis, Rabies, West Nile, and Tetanus vaccinations given within the last 12 months.