



NCHA Limited t/a
National Cutting Horse

YOUTH CLINIC APPLICATION

National Cutting Horse Association
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YOUTH CLINIC APPLICATION INFORMATION

Clinic Dates: _____

Name of Committee / Affiliate / NCHA Membership Number: _____

Contact Name: _____ Contact Number: _____

Contact email: _____

Venue: _____

Is there a charge to hire the facility? YES / NO - if yes: \$ _____

Proposed Number of Applicants: _____

Is there a fee payable by the participant? YES / NO if yes: \$ _____

Clinician Name: _____ NCHA Membership #: _____ WWCC #: _____

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Clinician(s) Rate: _____

NYCHA will provide NCHA Caps and Stickers.

Please indicate the quantity of:

NCHA caps: _____

NCHA stickers: _____

Amount of funding being applied for from NYCHA: _____ Budget Required: _____
(Please attach a brief budget)

Signed: _____ **Date:** _____

IMPORTANT

- **Please attach club's recent insurance certificate of currency (COC). Note: if your venue changes a new currency form must be completed. This form is to be used for ONE clinic only.**
- **Youth clinic organisers, instructors and volunteers must have a working with children's check (WWCC – apply online) and proof of these checks must be sent to the NCHA prior to the clinic.**
- **Participants require a youth membership of \$100 (covers their insurance) OR a show membership of \$35 that will cover the duration of the clinic.**
- **Funds will be provided post clinic (within 10 days) accompanied by profit / loss accountability of the youth clinic.**