

**National Cutting Horse Association**  
**PO Box 7092 NEMSC**  
**Tamworth NSW 2348**  
**Ph 02 6765 9356 Fax 02 6765 9354**



## **YOUTH CLINIC APPLICATION**

Name of Committee / affiliate: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Number \_\_\_\_\_

Contact email: \_\_\_\_\_

Venue: \_\_\_\_\_

Clinician(s) name(s): \_\_\_\_\_

Clinician(s) Rate : \_\_\_\_\_ per day/weekend (please circle)

Clinic date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Proposed number of participants: \_\_\_\_\_

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

Please describe the facilities of the venue:

- INDOOR / OUTDOOR ARENA

- STABLES / YARDS

- OTHER : \_\_\_\_\_

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

Proposed activities :

Mechanical cow       Live cattle       Judging clinic

Other activities (please list) \_\_\_\_\_

Merchandise request: (please indicate numbers)

NYCHA shirts \_\_\_\_\_

NYCHA caps \_\_\_\_\_

NYCHA stickers \_\_\_\_\_

Amount of funding being applied for from NYCHA: \_\_\_\_\_

Current Membership status of participants checked and Day Memberships completed.

**Date :** \_\_\_\_\_ **Signed** \_\_\_\_\_

**Please ensure that your Club has submitted and received an insurance certificate of currency for the year. Note: if your venue changes a new currency form must be completed. This form is to be used for one show only.**