National Cutting Horse Association
PO BOX 3098
WEST TAMWORTH NSW 2340
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 : _____

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 caps _____

□ NYCHA stickers _____

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 Clinic only.