



## Southern Alberta Trail Riders Association Clinic Sheet

Clinic and Clinician Name: \_\_\_\_\_

Clinician Website: \_\_\_\_\_

Clinic Dates: \_\_\_\_\_

Location of Clinic: \_\_\_\_\_

Number of Participants (If limited): \_\_\_\_\_

Clinic Rating Beginner, Intermediate, Advanced, Previous Experience required:

\_\_\_\_\_

Clinic Description (estimated clinic duration, equipment required, Tack limitations or requirements):

\_\_\_\_\_

\_\_\_\_\_

Clinic Base Cost: \$\_\_\_\_\_ Registration deadline: \_\_\_\_\_

Deposit required: Y N Deposit amount: \$\_\_\_\_\_ Deposit deadline: \_\_\_\_\_

Full payment required by: \_\_\_\_\_

**Note: To Qualify for SATRA Subsidy rider must have been a member in good standing for 24 consecutive months prior to the clinic. If clinic total cost is 2500.00 or greater cost sharing will be 50% Preapproval is required for AGLC funds to be used for the clinic.**

Host(s) Name: \_\_\_\_\_ Co-Host Name: \_\_\_\_\_

Host Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Host E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Details of Amenities e.g. Meals Provided or not, Stabling available and organized by rider or host, Bedding required, feed restrictions Etc.:

\_\_\_\_\_

\_\_\_\_\_

Other Details: (for maps or picture please send as a separate attachment): \_\_\_\_\_

\_\_\_\_\_

ONLY CONFIRMED (deposit/fee paid) riders will be advised of Changes or cancellations.

Host: Please attach costing details to this page: Include fees for Venue, Clinician, Clinician mileage/accommodations /per diem Etc.