



Southern Alberta Trail Riders Association

Clinic Ride Sheet

Clinician Name: _____

Clinician Website: _____

Clinic Dates: _____, 20__

Location of Clinic: _____

Clinic Description (include Cost break down, start / finish times):

Clinic Cost: \$_____ - \$_____ (SATRA Subsidy) =\$_____ Total Fee Member

Note: To Qualify for SATRA Subsidy rider must have been a member in good standing for 2 complete years prior to the clinic. Preapproval is required for AGLC funds to be used for the clinic.

Host(s) Name: _____

Host Phone #: _____ Home/Cell

Host E-mail: _____

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

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

Riders are to RSVP to: _____

RSVP by: _____, 20__ Payment due by: _____, 20__

ONLY CONFIRMED riders will be advised of Changes or cancellations.

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

