



Southern Alberta Trail Riders Association Clinic Sheet

Clinic and Clinician Name: _____

Clinician Website: _____

Clinic Dates: _____, 20__

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.