



## 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 Cost: \$\_\_\_\_\_ Members with less than 24 months

\$\_\_\_\_\_ SATRA Subsidized Cost.

**Note:** To Qualify for SATRA Subsidy rider must have been a member in good standing for consecutive 24 Months prior to the clinic.

**Note to Host:** 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, 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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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