



Rider Application

DISCOVER YOUR POTENTIAL BY BUILDING A STRONG FOUNDATION

Exercises to help you maximize your horse's performance
whether riding before a judge or the mirror

**An auditor-friendly clinic with
George Williams and Bill Warren**

June 27 and 28

Stave Mill Farm, Esmont VA

(Due by April 1st)

RIDER INFORMATION

Rider Name _____

2020 VADA Member ____yes ____no Chapter _____

Address _____

Phone Home: _____ Cell: _____

E-mail _____

HORSE INFORMATION

Horse's Name _____

Breed _____ Age _____

Sex (Mare, Gelding, Stallion) _____

BACKGROUND INFORMATION

At what level are you currently working with this horse?

Schooling _____ Showing _____

**(NOTE: THIS CLINIC IS OPEN TO HORSE/RIDER COMBINATIONS AT OR ABOVE TRAINING
LEVEL)**

How long have you and this horse been working at this level?

Please describe any particular schooling issues, areas you would like to work on and/or goals
you have for this clinic:

PLEASE PROVIDE A LINK TO A YOUTUBE VIDEO OF YOU & YOUR HORSE THAT CLEARLY DEMONSTRATES YOUR CURRENT ABILITIES. THE VIDEO SHOULD BE FROM THE 2019/2020 SHOW SEASON OR A SCHOOLING VIDEO FROM THE LAST 12 MONTHS, AND BE NO MORE THAN 6 MINUTES LONG.

FEES: *

2020 VADA Members

\$250, includes a lesson, lunch and snacks each day (stabling extra, see below)

Non -VADA Members (PLEASE NOTE THAT VADA MEMBERS WILL HAVE PRIORITY IN FILLING THIS CLINIC)

\$350 includes a lesson, lunch and snacks each day (stabling extra, see below)

STABLING

Friday - Sunday \$ 75

Day Stall – (subject to availability, weekend stalls have priority) \$25 per day

Shavings - \$8/bag, must be preordered. You may also bring your own, but shavings only please!

*** 50% of the clinic fee is due with the application, with the remainder due upon acceptance**

No refunds after closing date, unless we can fill the slot, then full refund less a \$25 processing fee

STABLING REQUEST:

I want a stall:

_____ For the full weekend - \$75(_____ arriving Friday after noon; _____ arriving Saturday

_____ For a day only - \$25/day (day: _____)

_____ I do not need a stall

To be considered, you must submit a complete application, to be received on or before the deadline **(April 1st)** which must include the following:

- A 50% deposit of the clinic fee (to be refunded in full if the rider is not selected)
- A link to a YouTube video of the horse and rider working at their current level (a video from a show is acceptable but not required. Video must be no more than 6 months old, with a maximum length of 6 minutes.)

Please email the link to Sheli King at amking91@verizon.net

- Negative Coggins (current through June 28, 2020)
- Documentation of Equine Influenza Virus and Equine Herpes Virus (Rhinopneumonitis) vaccinations within 6 months of the clinic
- Signed release (see below)

The remainder of the clinic fee is due upon selection.

Once the clinic fills, we will identify a number of alternates. Please indicate whether you are interested in being an alternate, and if so, the latest you could be notified and still participate:

If you are not selected to ride, do you wish to audit?

_____ Yes, for both Sat & Sun

_____ Yes, for 1 day (day _____)

LIABILITY RELEASE AND ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY

I understand that the Virginia Dressage Federation, Inc., and Stave Mill Farm, their staff, the clinic organizers, volunteers, clinician, facility, facility staff, hosting organization, sponsors or anyone acting on their behalf are not responsible for accidents, damage, injury or illness to the horses, riders, spectators, or any other person in connection with this clinic. By signing this form, I agree to abide by all USDF rules and fulfill all financial commitments related to this clinic.

Regardless of any agreements between the rider and the horse's owner, the rider, as the clinic participant, is ultimately responsible for paying all applicable fees to VADA and any related fees to the facility hosting the clinic.

Rider's Signature

Date

Please return this completed form to:

Sheli King, 111 Yacht Club Way, Apt 112, Hypoluxo FL 33462

If you have any questions, please contact Sheli at amking91@verizon.net or 703—868-9062.

FOR OFFICE USE ONLY

Date received _____

☐ Membership Verified

☐ Release Form

☐ Coggins (date _____)

☐ Notified

☐ Deposit (amt _____)

☐ Stabling Requested ____ yes ____ no

☐ Selected ____ yes ____ no

☐ Final payment (amt _____)