



CLINIC REQUEST FORM

CERTIFIED HORSEMANSHIP ASSOCIATION

All clinic host sites must submit this application for each scheduled clinic (fill out one form for each group, if hosting multiple clinic groups). Clinics requested for May or June must have verbal contract with clinic staff before submitting this request. Return to CHA Office, along with Materials Order Form.

HOST SITE INFORMATION

HOSTING FACILITY _____
 APPLICATION DATE _____
 CONTACT PERSON _____ EMAIL _____
 CONTACT DAY PHONE _____ NIGHT _____
 MAILING ADDRESS _____ CITY/ST/ZIP _____
 CLINIC SITE ADDRESS _____ CITY/ST/ZIP _____
 WEBSITE URL _____ FAX NUMBER _____

CAN REGISTRANTS CONTACT YOU FOR CLINIC INFO THROUGH WEBSITE OR EMAIL? YES NO
 HAS THIS SITE HOSTED PREVIOUS CHA CLINICS? YES NO DATES OF LAST CHA CLINIC _____
 HAS THIS SITE BEEN APPROVED FOR HOSTING CHA CLINICS? NO YES, WHEN? _____
 NOTE: For host site approval, call CHA Program Director at 1-800-399-0138
 IS HOST SITE A CHA ACCREDITED SITE? YES NO
 IF NOT, WHEN DO YOU PLAN TO BECOME ACCREDITED? _____
 WHAT REASONS HAVE PREVENTED YOU FROM APPLYING FOR SITE ACCREDITATION? _____

CLINIC INFORMATION

TYPE OF CLINIC (CHECK ONE):
 ALL DISCIPLINE STANDARD ENGLISH STANDARD WESTERN STANDARD COLLEGE STANDARD
 TRAIL COMBINED SEASONAL IRD IRD Test Out SKILLS CLINIC

MAXIMUM ENROLLMENT: _____ NOTE: First year clinic sites limited to eight participants per clinic group; experienced sites may have up to 10 participants per clinic group

CLINIC DATES: ARRIVAL DATE _____ ARRIVAL TIME _____
 DEPARTURE DATE _____ DEPARTURE TIME _____

IS CLINIC OPEN TO OUTSIDE PARTICIPANTS? YES NO COST OF CLINIC* _____
 DOES CLINIC PRICE INCLUDE LODGING? YES NO DOES PRICE INCLUDE MEALS? YES NO

*NOTE: A minimum fee of \$450 USD must be charged by the host site to each participant (excluding SESC), to help ensure the financial success of the clinic and to prevent unfair competition. No maximum fee.

CLINIC STAFF

CLINIC DIRECTOR (must be CI): _____
 CLINICIANS (ACI or CI): _____

THE HOST SITE IS RESPONSIBLE FOR SENDING REQUIRED PAPERWORK/MANUALS TO CLINIC PARTICIPANTS. WHO WILL BE RESPONSIBLE FOR REGISTERING PARTICIPANTS AND SENDING MATERIALS?
 NAME _____ PHONE _____

IN THE EVENT OF CLINIC CANCELLATION BY HOST SITE it is imperative that you inform CHA immediately. Any cancellations less than 14 days before scheduled clinic will incur a \$230 fee



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payable to CHA. In the event of cancellation, host sites are responsible for notifying participants and clinic staff and are accountable for any expenses incurred by clinic staff or CHA. Contact the CHA Program Director immediately for cancellations or any clinic problems.

FAX OR MAIL THIS FORM ALONG WITH MATERIALS ORDER FORM TO CHA OFFICE