UNITED STATES HUNTER JUMPER ASSOCIATION™

MINI EAP CLINIC HOST APPLICATION FORM

DATE OF CLINIC: _____ **CLINIC LEVEL(S):** ☐1 ☐2 ☐3 ☐4 ☐5

Each clinic may offer a maximum of 3 levels.

CLINIC ORGANIZER

Name: _____ USHJA #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Phone number will be listed on the USHJA website. *Email will be used for majority of USHJA's correspondence with host.*

FACILITY

Name: _____ Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Is this facility a USHJA Affiliate or Recognized Riding Academy? ☐Affiliate ☐Recognized Riding Academy

RIDING CLINICIAN *(Must be a USHJA member in good standing; USHJA Certified Trainer/Credentialed Instructor recommended)*

Name: _____ USHJA #: _____

City: _____ State: _____

Phone: _____ Email: _____

STABLE MANAGEMENT CLINICIAN

☐*Same as Riding Clinician*

Name: _____ USHJA #: _____

City: _____ State: _____

Phone: _____ Email: _____

ADDITIONAL INFORMATION ABOUT YOUR CLINIC

Please include any additional information that you would like to have published on the USHJA website regarding your clinic (i.e. facility website, fees assessed, auditor details, stabling information, etc). *You are not required to fill out this information.*

INSURANCE

☐ I carry liability insurance.

ADVERTISEMENTS

☐ I acknowledge that I may not advertise my clinic as a USHJA Mini EAP Clinic until I have received permission to do so from USHJA.

Please be advised: *The typing of your name below shall be considered to be an electronic signature and shall be considered to have the same legal effect and validity as your handwritten signature. Therefore, in so typing your name in the fields below, you are confirming this verification statement and the truth of the contents of the application.*

Clinic Organizer Signature: _____ Date: _____

To be accepted as a Mini EAP Clinic, please submit your application and payment form to the USHJA a minimum of 45 days before your clinic via mail, fax, or email to the addresses listed below.

Mail: 3870 Cigar Lane, Lexington, KY 40511, ATTN: Education Department
Fax: (859) 258-9033
Email: education@ushja.org

USHJA MINI EAP CLINIC

PAYMENT FORM

Mini EAP Clinic Hosting Fee: *Please select the fee that applies to your clinic.*

☐ $200: Clinic hosted by USHJA Certified Trainer/Credentialed Instructor, Affiliate, or Recognized Riding Academy

☐ $250: All other clinic hosts

Additional Curriculum Level Fees: *Only if your clinic will offer multiple curriculum levels, please select the additional fee that applies to your clinic.*

☐ $100: One additional curriculum level (in addition to hosting fee)

☐ $175: Two additional curriculum levels (in addition to hosting fee)

Total Fees: $_____

Payment Method:

☐ Visa ☐ MasterCard ☐ American Express ☐ Check # _____

Card Number: _____ Exp Date: _____

Name as it appears on Card: _____

Signature: _____ Billing Zip Code: _____

Please be advised: *The typing of your name above shall be considered to be an electronic signature and shall be considered to have the same legal effect and validity as your handwritten signature. Therefore, in so typing your name in the fields above, you are confirming this verification statement and the truth of the contents of the document.*

We recommend submitting forms containing credit card payment via fax or mail.
Please do not email credit card information as it is not a secure method for transmitting sensitive data.

Mail: 3870 Cigar Lane, Lexington, KY 40511
Fax: (859) 258-9033

REFUNDS: In the event that your clinic is not accepted as a Mini EAP Clinic, your fee will be refunded in full. Refunds will not be issued for any other reason, including clinic cancellation.