USHJA DIRECTORY OF CLINICS INFORMATION FORM

DATE OF CLINIC: _____ ☐ **Riding Clinic** ☐ **Non-Riding Clinic**

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.*

Website URL containing clinic information: _____

FACILITY

Name: _____ Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

CLINICIAN

Name: _____ USHJA #: _____

Clinician must be an Active USHJA member in good standing.

City: _____ State: _____

Phone: _____ Email: _____

ADDRESS TO SEND PARTICIPANTS' HANDOUTS

☐ Clinic Organizer ☐ Host Facility ☐ Other *(please provide full shipping address below)*

Name: _____ # of estimated participants (auditors included) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ 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. height sections that will be offered, fees assessed, auditor details, etc). *You are not required to fill out this information.*

INSURANCE

☐ I carry liability insurance.

☐ I acknowledge that the clinic will not be included in the USHJA Directory of Clinics unless USHJA receives this application and service fee (if applicable) a minimum of 30 days before the clinic.

ACKNOWLEDGMENTS

☐ I acknowledge that I may not advertise my clinic as part of the USHJA Directory of Clinics until I have submitted the documentation listed below to USHJA and received permission to do so from USHJA.

☐ By submitting this application, I understand and agree that USHJA members applying to participate in or audit the clinic may not be refused admittance provided that all attendance requirements are met and admission limits are not exceeded. Exceptions to this policy must be reviewed by USHJA prior to denying participation.

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 included in the USHJA Directory of Clinics, submit the following to the TCP Coordinator a minimum of 30 days before your clinic:

- Completed information form
- $50 directory listing service fee (if applicable)

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

USHJA DIRECTORY OF CLINICS

PAYMENT FORM

Directory Listing Service Fee:

☐ $50 – Riding clinic with a host or clinician who ***is not*** an Olympian or TCP Certified Trainer

☐ No Fee – Riding clinic with a host or clinician who ***is*** an Olympian or TCP Certified Trainer

☐ No Fee – Non-riding educational clinic

☐ No Fee – Clinic hosted by a current USHJA Affiliate Association

Check the USHJA Clinics webpage for clinicians who are Olympians or TCP Certified Trainers.

Date of Clinic: _____ **Clinician:** _____

Clinic Organizer: _____ **USHJA #:** _____

☐ 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 applications 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.

REFUNDS: The USHJA Clinic Directory Listing Service Fee is non-refundable.

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