

Horse and Dog Trail Challenge Basics

Clinic Host Application

Email: horseanddogtrailusa@gmail.com

HOST INFORMATION

Name: _____

Phone: _____

Email: _____

Farm/Ranch Name (if applicable): _____

Location (City, State): _____

Mailing Address: _____

PREFERRED CLINIC DATES

1. _____

2. _____

3. _____

FACILITY DETAILS

Type of Facility: _____

Arena or Enclosed Area Available: ☐ Yes ☐ No

Dogs Allowed Off Leash: ☐ Yes ☐ No

Overnight Horse Accommodations: ☐ Yes ☐ No

If yes, please describe: _____

Overnight Dog Accommodations: ☐ Yes ☐ No

If yes, please describe: _____

Trailer Parking Available: ☐ Yes ☐ No

Restroom Access Onsite: ☐ Yes ☐ No

CLINIC LOGISTICS

Maximum Participants You Can Accommodate: _____

Can You Help Promote the Clinic Locally? ☐ Yes ☐ No

Do You Have Volunteers or Staff to Assist? ☐ Yes ☐ No

If yes, how many? _____

PROMOTION AND PHOTOS

Willing to Share Event Photos/Videos for Promotion?

☐ Yes ☐ No

ADDITIONAL NOTES OR QUESTIONS

Thank you! We'll contact you shortly after reviewing your application.