

Lilo Fore Clinic Rider Application

RIDER APPLICATION (WITH VIDEO) DUE FEB. 15TH

Download application to complete and save as a PDF.

RIDER INFORMATION

Rider Name

2025 VADA Member

Chapter

Address

Contact Phone #

Email Address

Is the rider under 18

If yes, name of parent or guardian

HORSE INFORMATION

Horse's Name

Breed

Sex (Mare, Gelding, Stallion)

BACKGROUND INFORMATION

At what level are you currently working with this horse?

(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?

Summarize your competition history with this horse over the last 2 years.

List any clinics you have ridden in with this horse in the last 2 years.

Please provide a few sentences about your background with this horse.

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

STABLING REQUEST

I want a stall/haul in: Arrival Time:

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

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:

Email your complete application by Feb. 15th to Sheli King at amking91@verizon.net.

Applications must include the following:

- A link to a YouTube video of the horse and rider working a test at their current level (a video from a show is acceptable but not required. Video must be no more than 9 months old.
- Negative Coggins (current through May 4, 2025)
- Documentation of Equine Influenza Virus and Equine Herpes Virus (Rhinopneumonitis) vaccinations within 6 months of the clinic.
- Signed release form