

NORTH AMERICAN TRAIL RIDE CONFERENCE

www.natrc.org, natrc@natrc.org, 303-688-1677



CLINIC SANCTION APPLICATION

NAME OF CLINIC or EVENT: _____ DATE OF CLINIC or EVENT: _____

TYPE OF EVENT: CLINIC _____ CLINIC RIDE _____ HANDS-ON DEMONSTRATION _____ PUBLICITY BOOTH _____

SPONSOR: _____ PHONE #: _____ Email: _____

SPONSOR'S ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

LOCATION OF CLINIC, BOOTH or EVENT: _____ REGION: _____
City, arena, trails, area where event will be held.

OUTLINE THE PLANS FOR YOUR EVENT: _____

WILL YOU CHARGE PARTICIPANTS A FEE? Yes ___ No ___ How much? _____

IF THIS IS AN ARENA DEMONSTRATION, HOW MANY HORSES WILL BE INVOLVED? _____

CLINIC PERSONNEL/INSTRUCTORS: _____

IF A RIDE IS INVOLVED, DESCRIBE RIDE: (a) Terrain _____

(b) Trails _____ (c) Approximate Time & Mileage: _____

IF A RIDE IS INVOLVED, WILL VEHICLES BE USED FOR ANY PURPOSE? Yes ___ No ___

CLINIC CHAIRMAN _____ Street _____ City _____ State _____ Zip _____

Home phone: _____ Office: _____ Email: _____

CLINIC SECRETARY _____ Street _____ City _____ State _____ Zip _____

Home phone: _____ Office: _____ Email: _____

Event insurance, purchased from the NATRC™ approved carrier, is required when equines are included at the NATRC clinic. This is NOT optional. NATRC funding to partially offset the cost of insurance is available upon request for the first two clinics to apply each year from each region. You will receive the Application for Insurance form after this application is received by NATRC.

Do you plan to apply for NATRC insurance funds? Yes ___ No ___

Please contact the NATRC Office to order materials for your clinic.

I (We) the undersigned do hereby certify that the foregoing information is correct and that the Sanction Chairman will be notified immediately of any change in the foregoing information.

Date _____ Chairman/Co-Chairman (print name(s)) _____ Signature(s) _____

MAIL TO: NATRC, PO Box 969, Beatrice, NE 68310

SANCTION APPLICATION MUST BE RECEIVED AT LEAST 60 DAYS PRIOR TO EVENT DATE but is variable if necessary.

Exceptions to the 60-day rule must be cleared with the Clinic Sanction Chair. NO SANCTION FEE IS REQUIRED.