



Jumping with Connie Dorsch  
Working Cow-Horse with Geoff Hoar  
Working Equitation with Jill Barron

**April 12-14, 2024,**

Lloydminster Agricultural Exhibition, Lloydminster SK

Phone: 306-825-5571 Email: eventadmin@lloydex.com

**Application Deadline: March 1, 2024**

**\*\* waiting list will be available\*\***

**Successful applicants will be notified via email no later than March 8, 2024**

**CONTACT INFORMATION:**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov./Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship of Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Medical Information (if necessary):

**BACKGROUND INFORMATION:**

If a Junior Rider Provide Age: \_\_\_\_\_ Years of Riding Experience: \_\_\_\_\_

Name of Horse: \_\_\_\_\_ Breed of Horse: \_\_\_\_\_

Age of Horse: \_\_\_\_\_ Gender of Horse: Gelding  Stallion  Mare

How Long Have You Been Riding This Horse? \_\_\_\_\_

Please supply background information and 1(one) reference of your abilities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope to achieve and/or take away from this clinic?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAYMENT INFORMATION**

**Successful applicants will be notified via email no later than March 8, 2024**  
**Payment due upon successful selection, no later than March 18, 2024 (all fees are non-refundable)**

- Jumping – Connie Dorsch \$350 – 3 sessions**
- Jumping – Connie Dorsch \$250 – 2 sessions** (Friday and Saturday Only)
- Working Cow-Horse - Geoff Hoar \$425 – 3 sessions**
- Working Equitation – Jill Barron \$225 – 2 sessions**

**Clinic Fees**

|  |                            |                    |       |
|--|----------------------------|--------------------|-------|
| Connie Dorsch                          | Jumping                    | \$350.00 per rider | _____ |
| Connie Dorsch                          | Jumping (2 day)            | \$250.00 per rider | _____ |
| Jill Barron                            | Working Equitation (2 day) | \$225.00 per rider | _____ |
| Geoff Hoar                             | Working Cow-Horse          | \$425.00 per rider | _____ |
| Stall Fees (shavings will be provided) |                            | \$70.00/each Stall | _____ |

**STALL CLEANING DEPOSIT \$50.00 – Cheque will be destroyed after stall check**

**No tack stalls will be provided**

Plus 5% G.S.T. \_\_\_\_\_

**Total Fees** (including G.S.T.) \_\_\_\_\_

**Participants are required to supply their own feed. NO STRAW IN STALLS!**  
**Stalls must be cleaned before leaving on the last day of the clinic.**

Please make cheques payable to: Lloydminster Agricultural Exhibition  
E-transfer can be sent to [accounting@lloydexh.com](mailto:accounting@lloydexh.com)  
We also accept Visa, MasterCard or Debit

**A SERVICE FEE OF 3% WILL APPLY TO INVOICES OF \$500 AND HIGHER THAT ARE PAID WITH VISA OR MASTERCARD**

**LLOYDMINSTER AGRICULTURAL EXHIBITION**

Box 690, Lloydminster, SK S9V 0Y7  
Phone 306-825-5571  
[eventadmin@lloydexh.com](mailto:eventadmin@lloydexh.com)

Visa/MC # \_\_\_\_\_ Expiry Date: \_\_\_\_\_ CVV: \_\_\_\_\_

**OFFICE USE**

#of Riders \_\_\_\_\_ #of Stalls \_\_\_\_\_ Receipt # \_\_\_\_\_ Fees \$ \_\_\_\_\_ Date \_\_\_\_\_



## Rules and Conditions

LLOYDMINSTER AGRICULTURAL EXHIBITION

5521-49 Avenue, Lloydminster, SK S9V 0Y7

PHONE: 306-825-5571

eventadmin@lloydex.com

1. Please note that completion of the 2024 Everything Equine on the Border Application form does not necessarily mean that you will be chosen to participate in the clinic(s). All applications are reviewed by the Rider Selection Committee and clinician to select the best matches based on session availability and the mission statement of the clinic.
2. Horses observed causing serious problems and or being a danger to themselves, other horses, or personnel will be asked to leave the premises immediately. No REFUND will be issued.
3. All youth under the age of 18 as determined by their year of birth, as it appears on their birth certificate, will be required to wear an approved ASTM/SEI helmet.
4. Clinic participants should wear appropriate riding attire. Show clothing is not required but we ask that all clothing and equipment be clean and in good condition to show the appropriate respect to the clinician.
5. All stalls will be assigned. Stall changes will not be permitted without committee approval.
6. All riders obtaining a stall must provide a \$50 stall deposit. Stall deposits will be returned or destroyed after stack inspection has been completed and approved by a committee member.
7. The Lloydminster Agricultural Exhibition Association Ltd. nor Everything Equine on the Border accepts any responsibility for lost or stolen items. All items including horses, tack, equipment, vehicles, trailers are left at your own risk.
8. **Riders/handlers are responsible for providing all necessary feed for their horse while on-site.** In addition, they will also be expected to manage cleaning of their horse's stall. Shavings will be provided.
9. The rider/horse check-in will be open Thursday, April 11, 2024, from Noon – 5 pm. If you are arriving later, you **MUST** ensure that you contact our office prior to 5 pm April 11, 2024, so arrangements can be made.
10. Riders are responsible for being at the venue and in the ring at scheduled time; there will be no delays or refunds for late participants. Schedule to be released no later than March 22, 2024.
11. Cancellation is required at least 72 hours in advance and a refund will only be issued with a doctor's or a veterinarian's certificate received prior to the 72-hour cut-off. Refunds will be determined at the discretion of the committee.
12. No dogs are allowed on the property.
13. No riding in the stalling or parking areas.
14. Notwithstanding anything to the contrary herein, it is understood that each entrant by the act of entry or exhibiting, waives all claims against the Lloydminster Agricultural Exhibition Association Ltd. and/or any of the members, officers or agents thereof for any and all injury, loss or damage which he, his employees, helpers and/or property may sustain in any way arising out of the operations or activities of the said Company, officers, members and agents and indemnifies the said Company by reasons of any claim by any of the helpers or employees or their executors, administrators or assigns, and that any helpers or assistants introduced to or engaged by entrant through the said Company or through its members, officers or agent shall be at the sole risk and responsibility of such entrant. I hereby agree to the above-mentioned terms:

**Please check the box below to confirm you have read the Rules and Conditions for the clinics.**

I have read and agree to the Rules and Conditions above

Applicant Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**If applicant is under the age of 18, signature is required on behalf of the applicant.**

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_