

2017 Valley Oaks (VO) Chapter CDS Adult Amateur Clinic

Clinician: Hilda Gurney

Dates: June 9 - 11, 2017

Location: Pacific Equestrian Center, Wilton, CA.

Application for participation in the Valley Oaks Chapter drawing for the CDS Adult Amateur Clinic requires that the following provisions be met:

1. Applicant must be a current amateur member of CDS/VO Chapter at the time of the drawing.
2. Applicant must have demonstrated recent support of and involvement with the Valley Oaks Chapter between 7/1/2016 – 06/01/17 by meeting a component of both these criteria:
 - (1) Volunteer work of at least two half days or one full day (8 hours) at a Valley Oaks Chapter event (serving as a Board member counts toward volunteer hours), or CDS statewide event, AND
 - (2) Attend at least one Valley Oaks General Meeting (Board Meeting) or at least two Committee Meetings (such as the Activities Committee).
3. Any member who has been chapter representative to the Amateur Clinic must wait at least a year before re-applying for the drawing. This restriction does not prevent the individual from making private application to the clinic organizer for an unused clinic slot or, if such a slot is obtained, from entering the chapter drawing the next year.
4. Applicant must submit his/her application to the VO Chapter Chair by US mail or email.
5. The drawing will be held at the April 2017 chapter meeting. The names of an attendee and two alternates will be drawn. Member need not be present.
6. Attendee agrees to share details of the concepts and training methods learned by writing an account of his or her clinic experience for publication on the VO website following the clinic.
7. Applicant agrees to write a thank-you note to CDS immediately upon completion of the clinic.
8. Applicant understands that by submitting his or her name for the drawing, he or she will attend, regardless of weather, convenience or scheduling difficulties. Alternate applicants may be asked to attend in the case of emergency, so it is recommended that alternates keep the date available. Applicant agrees that as a participant in the clinic and a representative of VO/CDS, he or she will be receptive to the clinician's teaching and training methods. Questions are encouraged if instructions are not understood, but resistance to the clinician's instruction or criticism of the clinician's methods is inappropriate. Respect for the clinician is also demonstrated by proper turnout and day-long attendance while the clinician is teaching other riders.
9. Applicant agrees to abide by CDS requirements.
10. Applicant is encouraged to take a chapter member as groom to further enhance the learning experience.

Valley Oaks Chapter CDS Adult Amateur Clinic Application Form

Name _____ CDS Member number _____
Horse's Name _____
Address _____
City, State, Zip _____
Email Address _____
Phone _____ Cell Phone _____
Emergency Contact _____ Phone: _____
Trainer's Name: _____ Phone: _____
Groom's Name: _____ Phone: _____

Rider to submit a short paragraph biography of horse including age, breed, level shown and ridden, and accomplishments, short statement about what they want to learn, goals to accomplish, must include some background information on who they clinic or train with, and the level that they ride. Please include a description of your fulfilled volunteering requirements.

I acknowledge and agree to all above terms and requirements and that I will attend all required sessions of the clinic.

Signature: _____ Print Name: _____

Submit by April 17, 2017 To: Joan Cinquini, email jcinquini@hotmail.com, or mail or in person