



MQHA Professional Horsemen Clinic Request Form

*This is a free service provided by our MQHA Professional Horsemen.
Length of the clinic will be between 2-3 hours – decided at the discretion of our clinician.*

Name of organization: _____

Contact Name: _____

Contact Phone Number: _____

Location of the Clinic: _____

Number of attendees expected: _____

Age range of attendees: _____

Skill level: Beginner Intermediate Advanced

Please list 3 potential dates/times for requested clinic:

- 1. _____
- 2. _____
- 3. _____

Discipline Blocks: Please check one box below and circle an event if you have a specific discipline.

(1 form per discipline block, please)

- | | |
|---|---|
| <input type="checkbox"/> Horsemanship
Showmanship
Pleasure
Trail | <input type="checkbox"/> Reining
Ranch Riding
Ranch Trail |
| <input type="checkbox"/> Halter | <input type="checkbox"/> Intro to cattle events |
| <input type="checkbox"/> Hunter Under Saddle
Hunt Seat Equitation | <input type="checkbox"/> Barrels
Poles
Stake Race |

Please let us know any additional information that would be helpful to us in planning a successful clinic for your organization. _____

Please return this form to lindamurphy.mqha@gmail.com.

We will be in touch soon to schedule your event. Thanks for reaching out to us!