



# NORTHEAST EQUINE EXPO® *at Belmont Park*

## CLINICIAN APPLICATION

Thank you for your interest in the Northeast Equine Expo. If your horse is a good candidate for a clinician please fill out the information below and mail it, along with a photo of your horse to the Northeast Equine Expo office. We will contact you as soon as we have a definitive answer. If your horse is chosen for a demo you will receive admission for 2, a parking pass for each day your horse will be used and a stall at the Expo.

### Owner's Information:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

### Horse Information:

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

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Tell us about your horse: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Clinician Preference: \_\_\_\_\_ (not guaranteed)

Riding Discipline: \_\_\_\_\_

Would you like to be involved in the demo with your horse? Yes \_\_\_ No \_\_\_ Either Way \_\_\_

Our organization has read the enclosed *Guidelines for Stabling, Parking and Participating in Horse Related Activities* and agree to adhere to these guidelines.

### FOR MORE INFORMATION

PHONE (877) 778-EXPO

FAX (516) 977-1271

[www.neequineexpo.com](http://www.neequineexpo.com) / [info@neequineexpo.com](mailto:info@neequineexpo.com)

### MAIL TO:

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