



NCHA Limited t/a
National Cutting Horse

YOUTH CLINIC APPLICATION

National Cutting Horse Association
PO Box 3098
West Tamworth, NSW, 2340
PH. 02 6765 9356
admin@ncha.com.au
www.ncha.com.au

YOUTH CLINIC APPLICATION INFORMATION

Clinic Dates: _____

Name of Committee / Affiliate / NCHA Membership Number: _____

Contact Name: _____ Contact Number: _____

Contact email: _____

Venue: _____

Proposed Number of Applicants: _____

Clinician Name: _____ NCHA Membership #: _____ WWCC #: _____

Clinician Name: _____ NCHA Membership #: _____ WWCC #: _____

Clinician Name: _____ NCHA Membership #: _____ WWCC #: _____

NYCHA will provide NCHA Caps, Stickers and Manuals.

Please indicate the quantity of:

NCHA caps: _____

NCHA stickers: _____

Youth Manuals: _____

A Youth Clinic Package will be provided 2 weeks prior, with manuals, caps and stickers as well as all necessary paperwork (x1 ledger, x1 profit loss).

NYCHA will subsidise \$200 / youth participant / per clinic

Signed: _____ **Date:** _____

IMPORTANT

- **Please attach club's recent insurance certificate of currency (COC). Note: if your venue changes a new currency form must be completed. This form is to be used for ONE clinic only.**
- **Youth clinic organisers, instructors and volunteers must have a working with children's check (WWCC – apply online) and proof of these checks must be sent to the NCHA prior to the clinic.**
- **Participants require a youth membership of \$100 (covers their insurance), be a member of a family membership OR a show membership fee of \$35 that will cover the duration of the clinic.**
- **Funds will be provided post clinic (within 10 days) accompanied by the participant ledger, profit / loss accountability of the youth clinic.**