



2012 ILRHA Clinic Application

Date _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Horse Name: _____ Age: _____

Have you shown in the following?*

NRHA _____ Open _____ Breed _____ 4H _____

Ranch Horse _____ Other _____

*Show history is not a requirement for attendance.

Mail completed form, video and \$250
check made payable to ILRHA to:

Carol Vols
9400 108th St W
Taylor Ridge, IL 61284