



## Indiana Hunter and Jumper Association Clinic Sponsorship Application

Name of Clinic: \_\_\_\_\_

Date of Clinic: \_\_\_\_\_

Barn / Facility: \_\_\_\_\_

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

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

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

Contact Phone: \_\_\_\_\_

Clinician: \_\_\_\_\_

Cost per Clinic Rider: \_\_\_\_\_

Cost per Auditor: \_\_\_\_\_

Fees are due by: \_\_\_\_\_

Remit checks to: \_\_\_\_\_

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

Please submit your application to Indiana Hunter and Jumper Association at least **30** days prior to your clinic event. All applications will be reviewed by the Board of Directors.

IHJA has established a set amount to be donated each year. Clinic must be open to all IHJA members.

**\*\*Applicant must be a member of IHJA in order to qualify for sponsorship.\*\***

Mail this application to:

IHJA / 5269 Cornelius Avenue, Indianapolis, IN 46208

Phone: 317-414-4656 / E-mail: [indiana-ihja@sbcglobal.net](mailto:indiana-ihja@sbcglobal.net) / Website: [in-hja.org](http://in-hja.org)