



Reining Australia

CLINIC – TRAINING DAYS – FUN DAYS APPROVAL APPLICATION FORM
Complete and return to Secretary, Lynda Gray, secretary.reiningaustralia@bigpond.com
within 30 days of your event.

Please fill out this form for all Australian and International Clinics

Name of Affiliate: _____

Clinic/Training Day : _____

Date/s : _____

Name of Venue : _____

Venue Address : _____

_____ State _____ Postcode _____

Contact Person: _____ Phone Number: () _____

Mobile Number: _____ Email: _____

CLINICIAN/TRAINER

Name: _____ Name: _____