



35910 West 295th Street | Paola, KS 66071
www.UltimateHCA.com

CLINIC APPLICATION

Name of Host: _____ UHCA Membership #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

CLINIC LOCATION INFORMATION

(required information to be placed on UHCA website)

Name of Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Contact Person: _____ Phone: _____

Email: _____ Website: _____

Clinic Date(s): _____ Start time: _____ Length: _____

Clinic Description: _____

(Clinician, focus, instruction provided, etc.)

Directions to Facility/Instruction for Parking: _____

Concessions available: Yes No Food included: Yes No

Clinic Fee: _____

Additional activities associated with clinic: _____

(For example, cowboy church, clinic, demonstration, trail riding, chuckwagon dinner, etc.)