



35910 West 295<sup>th</sup> 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.)