



Kelsey Temmen, Owner
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Clinic Host Facility Application

Host Facility Name: _____
Street Address of Facility: _____
City, State, Zip Code: _____
Contact Person Name: _____
Contact Person Phone: _____
Email: _____
Website of Facility: _____

Are you the owner? Yes / No

If no, do you manage the facility and are the person in charge of event booking? Yes / No

If no, what is the name of the owner, or manager in charge?

First: _____ Last: _____

Have you contacted the owner about hosting a clinic at the location? Yes / No

Indoor Arena Size: _____

Outdoor Warm Up Arena Size (If applicable): _____

Number of Covered Horse Stalls For Rent: _____

Cost of Stall Rental Per Night: _____

Number of RV Hook-ups Available At Host Facility: _____

Cost Per Night: _____

Names of Hotels Near Your Facility: _____

Name of Nearest Major Airport: _____

Does Your Arena Have Concessions: _____

Names of Restaurants Near Your Facility: _____

I understand that by wanting to be considered to become a host facility for a clinic that I will be hosting two consecutive days of clinics with up to 10 trick riders at no charge. I understand

I will be required to provide 6 stalls, free of charge, to the Trixie Chicks Trick Riders for a minimum of 3 nights. I understand that if my facility is chosen I will be compensated with one free admission to trick ride in the two days of clinic.