



CLINIC – TRAINING DAY – FUN DAY APPLICATION

To be submitted to RHAA Office 7 days prior to Activity

affiliates@rhaa.com.au

EVENT NAME: _____
START DATE: _____ END DATE: _____
VENUE NAME: _____
VENUE ADDRESS: _____

- Clinic or Training Day with Professional Trainer/s
- Clinic or Training Day with Volunteer, Amateur AQHA Member
- Club Fun Day Clinic or Training Day with Professional Trainer/s and involves Cattle

PROFESSIONAL TRAINER CONTACT DETAILS & CERTIFICATE OF CURRENCY (Public Liability Insurance)	
NAME: _____	
RHAA MEMBERSHIP NO: _____	(If applicable)
ADDRESS: _____	
CONTACT NUMBER: _____	
COPY OF CURRENT CERTIFICATE OF CURRENCY PROVIDED TO THE AFFILATE and submitted to the RHAA Office with this Application Form:	
YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

VOLUNTEER AND OR AMATEUR MEMBER TEACHING (Certificate of Currency not required)	
NAME: _____	
RHAA MEMBERSHIP NO: _____	(Or listed on Activity Volunteer Register for the event)
ADDRESS: _____	
CONTACT NUMBER: _____	(Amateurs cannot receive any form of Remuneration)

AFFILIATE NAME: _____	
RHAA MEMBERSHIP NO: _____	
NAME OF PERSON RESPONSIBLE FOR AFFILIATE CLINIC, TRAINING DAY or FUN DAY: _____	
PERSON RESPONSIBLE CONTACT NUMBER	PERSON RESPONSIBLE CONTACT EMAIL
_____	_____
PERSON RESPONBILE RHAA MEMBERSHIP NO: _____	(Or listed on Activity Volunteer Register)
Note – The Affiliate person responsible for Hosting and Risk Management of the activity. An Event Check list (Event Risk Assessment) is to be completed no earlier than 24hrs prior to Activity and submitted to the RHAA Office within 14 days on completion of the Activity.	