



**Re: Show Jumping Clinics with Rai Burch – Expression of Interest**

Athlete Name: \_\_\_\_\_

I am interested in participating in a clinic/clinics with Rai Burch.

Number of sessions (\$200/session)	
Preferred dates (circle all that apply)	
Thursday, April 23 Friday, April 24 Saturday, April 25 Sunday, April 26	

Please note scheduling will be done in conjunction with trainers and barns according to horse/venue availability. Every attempt will be made to accommodate athletes' requests but there is no guarantee.

ALL athletes jumping cross rails or higher are eligible. Priority will be given to athletes applying for selection to Youth Travel Squads.

Athlete Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Please complete and return to [president@equestrianbahamas.org](mailto:president@equestrianbahamas.org) by **Saturday, 17<sup>th</sup> January 2026.**

*president@equestrianbahamas.org ☎ 242-457-3805 ☎ P.O. Box SS-19864, Nassau, Bahamas*

