

Application for OKE Clinic Subsidization

Mail to: Meghan Richey, 8300 E CR 74, Guthrie, OK 73044
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Organizer's information

1. Organizer's Name: _____
2. Organizer's Address: _____
3. Organizer's Phone Numbers (list in best contact order if more than one):

4. Organizer's Email address: _____

Facility Information

1. Landowner's Name: _____
2. Landowner's Address: _____
3. Landowner's Phone numbers: _____
4. Landowner's Email address: _____
5. Facility Name: _____
6. Facility Address: _____
7. Facility Website URL: _____
8. Contact phone number on date(s) of subsidized clinic:

Clinic information

1. Clinic Date: _____
2. Clinician's Name: _____
3. Clinician's Address: _____
4. Clinician's contact phone number: _____
5. Clinician's Email address: _____
6. Please attach a BRIEF Bio and information of the Clinician.

Terms of Subsidization

1. Organizers are entitled to one OKE subsidized clinic per calendar year.
2. The organizer must be a family, individual or business member in good standing at the time of application for subsidization.
3. An application for subsidization should be made at least 6 weeks prior to the clinic. This will allow time for information to be on OKE's website (www.okeventers.us). OKE will send emails and other electronic announcements to OKE members announcing the clinic. If the organizer is not able to confirm the clinic 6 weeks prior to the clinic date, application for subsidization should be made as soon as possible.
4. OKE will contact the organizer regarding whether or not the clinic will be subsidized as soon as possible after application has been made.
5. A flier or other announcement, in electronic form, should be sent to any OKE board member to be posted on the OKE website.
6. If the clinic is cancelled, please contact any OKE board member to have the information removed from the website.
7. OKE members in good standing are allowed 2 subsidized rides per calendar year.
8. OKE members who are eligible (ie have not used both subsidized rides) for the \$30 subsidization will pay the organizer the clinic fee less \$30.
9. OKE will reimburse the clinic organizer \$30 for any eligible OKE member who chooses to use the subsidization and pays for and rides in the clinic. If the eligible OKE member pays the full clinic fee it is the responsibility of the organizer to reimburse the member. It is the responsibility of the rider however to notify the organizer of their intent to use the subsidy.
10. Riders must be OKE members in good standing at the time they sign up for or otherwise commit to the clinic.
11. If a member rides 2 horses in the clinic OKE will subsidize either or both the rides based on the rider's eligibility for subsidization
12. A list of NON-eligible OKE members will be provided to the organizer. If the organizer is not sure a rider is an OKE member, a list of OKE members can be provided.
13. Any ride in the clinic that is free or otherwise not paid for directly is not eligible for subsidization. This includes organizers, or members or the organizer's family, who ride in the clinic.
14. The organizer must provide a list of all riders' names, addresses, phone numbers and email addresses prior to being reimbursed for the subsidized rides. If an auditing fee is charged the names, addresses, phone numbers and email addresses of auditors must also be provided.
15. There is no subsidization of auditing fees.
16. The organizer will ensure all riders, prospective riders and auditors are aware the clinic is being subsidized by OKE. This information is to be included in some form in fliers, emails and other information distributed about the clinic by the organizer.
17. As available, OKE will provide signage to use for the clinic regarding its subsidization by OKE. Membership forms and other OKE information will be made available for distribution to non-OKE members present at the clinic.
18. OKE assumes no risk, liability or responsibility for the clinic, has no role in organizing or managing the clinic, and is in no way endorsing the clinic. This statement must be present on all printed and electronically distributed information about the clinic.

Signed: _____ Date: _____

Printed name: _____