**UTAH STATE UNIVERSITY**

**EQUESTRIAN EDUCATION CENTER**

**TRAINER’S BOARDING AND FACITY USE APPLICATION**

Utah State University (“USU”) has a limited number of stalls and stable space available at the Sam Skaggs Family Equine Education Center (“Equine Center”), located at 3580 South, US-89, Wellsville, UT 84339. To ensure that the educational priorities of the Equine Center are met while also safeguarding the students and animals participating at the Equine Center, an evaluation of trainers who wish to board and train horses at the Equine Center is conducted prior to USU entering into a Boarding and Facility Use Agreement with an interested trainer-applicant. Completion of this Application is the first step needed to undertake the evaluation.

Approved applications will be accepted based on availability (with students and educational purposes being given highest priority), an evaluation of the trainer’s professional history, and an evaluation of how the trainer’s presence at the Equine Center will enhance the mission of USU. Note that all horses under the care of the trainer must be individually approved by USU prior to admittance.

The specific terms and conditions associated with boarding and facility use by trainers at the Equine Center are set forth in the Equestrian Education Center Trainer’s Boarding and Facility Use Agreement (Appendix A) (“Boarding Agreement”).

**I. Applicant Information**:

|  |  |  |  |
| --- | --- | --- | --- |
| Name (“Applicant”): |       | A-Number (if available) |       |
| Address: |       |
| Email: |       | Phone Number: |       |
| How many years have you trained horses? |       |
| How many clients on average per year do you have? |       |
| Are you the listed “owner” of the horse(s) to be boarded? |  |
| What type of riding do you participate in? |       |
| Will you be leaving a horse trailer? |       | Trailer license Number: |       |

Please attach a description of any certifications, awards, or other professional accomplishments that you have received.

**II. Certification**

My signature below indicates that the information provided in this Application is true and accurate. I understand that submission of this Application in no way guarantees USU’s acceptance thereof. If accepted, I understand that I will be required to execute a Boarding Agreement. I have read the entire Boarding Agreement, understand its terms, and am prepared to execute the same.

|  |  |
| --- | --- |
| *Submit completed application to* kate.parkinson@usu.edu

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| --- |
| TRAINERBy:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name:      Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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Checklist For Internal Purposes Only: Application Number:

The Applicant has:

* Completed the Application.

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Denied by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_