



# INTERNSHIP PROGRAM APPLICATION

This form is to be completed by the Non-Pro wishing to participate in the program.  
A MINIMUM OF 14 DAYS PROCESSING TIME IS REQUIRED BEFORE  
INTERNSHIP IS GRANTED.

## PART 1:

Name: \_\_\_\_\_ Member No: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## PART 2:

Which RA Professional do you plan to intern with?

Name of Professional: \_\_\_\_\_ Start Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Do you plan to Intern with this professional for the entire twelve-month program?

(You may Intern with various RA Professionals. If you plan to change professionals during your Internship, you must notify the RA Office immediately.)

YES  NO  UNCERTAIN

## PART 3:

Are you seriously committed to exploring the possibility of a career as a professional reining horse trainer?

YES  NO

## PART 4:

The terms and conditions of the Internship Program as outlined as follows:

- A Non-Pro may only participate in this Program only once.
- The applicant should be prepared for an interview with the Board of Reining Australia.
- The applicant must Intern with a RA Professional and physically work at their facility.
- All previous RA non-Pro as well as open earnings will be used to determine the applicant's class eligibility.
- The applicant can only show in Open division classes during the internship period.
- All applicants must be at least 18 years of age
- There is no earnings limit as an intern.
- Internship runs for a period of 12 consecutive months.
- On completion of the internship, the applicant may remain an Open rider. In this case, previous Non-Pro earnings will not be used for eligibility purposes. If the Intern does not remain an Open rider, the Intern must then re-apply for Non-Pro status and is subject to the Non-Pro conditions. Any monies won during the 12 consecutive months of Internship shall be applied to their Non-Pro eligibility.

Have you read and understood the terms and conditions of the Internship Program?  YES  NO

## PART 5:

By submitting this application, I agree to abide by the terms and conditions of the Internship Program.

Printed Name : \_\_\_\_\_

Member RA No. \_\_\_\_\_

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

Date: \_\_\_\_\_