

California State Horsemen's Association

Region 3

presents

Trail Trials Clinic

Saturday, October 24, 2024

10:00 a.m. – 2:00 p.m.

at the Running I Ranch, Dunnigan, CA



California State Horsemen's Association

From the south – I-5 to Dunnigan, (exit number 556/Road 6), go right past the Chevron to the stop sign at Road 99. Turn left, go approximately four miles to Road 2, turn left over freeway. Continue about two miles through a canal in road to Alexander Hill Road, turn right, continue to arena on the left

From the north – I-5 to Dunnigan, exit County Line Road, go left over the freeway and turn right on Road 99. Turn right on Road 2, go over freeway. Continue about two miles through a canal in road to Alexander Hill Road, turn right, continue to arena on left.

Looking for new challenges for you and your horse? Looking for a way to establish a trusting relationship for you and your horse? Give Trail Trials a try!! The clinic is designed for those new to the sport. A CSHA trail trial is approximately a 3-5 hour trail ride with 8-10 judged obstacles along the way. Obstacles can be natural landscape like creek crossings, uphill, downhill or you may find yourself riding through a picnic area full of bouncing balls and running children if the trail trial is in an urban area..

Clinic to Cover

How obstacles are judged

How rules apply to obstacles

How you can improve your obstacle scores

Improving your performance with your horse as a team

Scoring you as you negotiate the course

All your questions!

For more information on the clinic contact Diane Medlock (530) 979-1953 or Cindy Ingman (530) 724-4120. If weather and/or ground conditions (parking in a dirt field) are questionable, call the day before . Bring a chair for lunch break.

Clinic Pre-entries appreciated and those received by 10-19-26 will receive lunch.

Complete entry with check payable to CSHA, Region 3 and mail to:
CSHA Region 3 TT, c/o Diane Medlock, 41929 County Road 27, Woodland, CA 95776

Entry Form

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address:(important! we will send handouts!) _____

Clinic:

- ☐ \$40.00 Horse and Rider
☐ \$25.00 Auditor, no horse
☐

\$20.00/Night Camping ☐ # of nights____(includes pen) Total Enclosed: \$_____