



# THE EQUINE EXPERIENCE

## 2026 BARREL RACING CLINIC APPLICATION

**DATE:** May 1-3, 2026

**LOCATION:** Prairieland Park Ag Center

**TIMES:** Will be posted on website: [www.prairielandagriculture/equineexperience](http://www.prairielandagriculture/equineexperience)

**CLINICIAN** Karletta Dewitt

**DESCRIPTION:** This clinic will be held during our new Equine Experience event that is geared towards equine education. We will be accepting a max of 5 participants for each of the three levels listed below. Please note that the instruction will be in the Ag Center Arena.

**We will be accepting participants for three levels**

1. Barrel Racing 101
2. Intermediate Barrels
3. Advanced Barrels

Share with us your experience so we can get you into the correct group

1. Riding Experience:

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2. Barrel Racing Experience:

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# THE EQUINE EXPERIENCE

## 2026 BARREL RACING CLINIC APPLICATION

**REGISTER:** Please email this application [agmanager@prairielandpark.com](mailto:agmanager@prairielandpark.com)  
**Limited number of participants**

**DEADLINE:** April 10, 2026

Cost includes stabling Friday to Sunday & **3 admission passes**; shavings not supplied,  
NO straw; bring feed & water pail; stalls must left clean prior to departure.

Item	Quantity	Fee	GST# 121676126	Total
Registration	1	\$ 200.00	\$ 10.00	\$ 210.00

Name: \_\_\_\_\_ (please print)

Address: \_\_\_\_\_ City/Town \_\_\_\_\_

Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone/s: \_\_\_\_\_

Email: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

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

PrairieLand Park reserved the right to cancel, transfer or reschedule the competition without notice and/or liability. In the event of cancellation all entry fees paid to date will be refunded. Any interest earned on the entry is the property of PrairieLand Park.

### RETURN TO:

Saskatoon PrairieLand Park  
c/o Leigh Ann Hurlburt, Agriculture Manager  
Box 6010, Saskatoon, SK S7K 4E4  
Tel: (306) 931-7149  
Email: [agmanager@prairielandpark.com](mailto:agmanager@prairielandpark.com)

For Office use:

Amount Paid: \_\_\_\_\_

Receipt #: \_\_\_\_\_