



Clinic/Exhibition Checklist

Thank you for hosting a clinic to promote the Hackney! Please find a checklist below to help guide you in planning your event. Feel free to contact us with any questions on the following requirements at HackneyBucks@gmail.com or 217-979-1749.

First Name: _____ Last Name: _____
Address: _____
Phone Number: _____ E-mail: _____
American Hackney Society Member Number (Must be a current member): _____
Date of Clinic: _____ Number of Participants: _____

Required Activities:

- Present history of The Hackney
- Provide at least one official educational resource – These may be obtained by contacting the AHHS office at ahhscsl@qx.net
- Demonstrate at least two of the various disciplines and uses of The Hackney:
 - Registered Hackney(s) used for demonstration: _____
 - List the two disciplines demonstrated: _____
- Conduct a Q and A session documented by a video
- Submit a group photo of all participants
- Include a copy of any additional educational resources you used
- Require participants to sign in (see sign-in document)
- Require participants to complete an anonymous survey after the clinic (see survey document)
- Submit a short essay describing the schedule of events, how you obtained participants, how you feel the presentation went, and what you would keep and/or change if you were to conduct a clinic in the future.
- Please note: In order to receive Hackney Bucks for this activity, you (the clinician) must be the host of the clinic and you may not receive compensation from the participants or any other party.

I, _____ (print name), confirm that the above checked activities occurred. By signing below, you confirm that you did facilitate and/or participated in the activities checked. You agree to pay back any monies to the Hackney Foundation if the verification of activities does not follow the rules set forth by The Buck Stops Here. All pictures and videos become property of the American Hackney Society to use for advertising and marketing, including use on social media.

(Signature of participant submitting this form)

(Date)