



ATHLETE DECLARATION OF INTENT

2017 Atlantic Canada Equestrian Championships

This signed form and Proof of Citizenship must be returned to NSEF prior to competing at your first qualifier with the non-refundable \$25.00 fee.

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| Competition Discipline: <input type="checkbox"/> Dressage <input type="checkbox"/> Eventing <input type="checkbox"/> Jumping <input type="checkbox"/> Reining | | \$25.00 Fee: <input type="checkbox"/> Enclosed <input type="checkbox"/> Paid |
| Athlete's Name: | | Date of Birth: YY/MM/DD |
| | | Parent or Legal Guardian's Name (if athlete is under 19): |
| Address: | | |
| Home Phone: | | Cell Phone: |
| Email Address: | | |
| NSEF Number: | EC Sport License Number: | Coach's Name: |

I hereby **"Declare my Intent"** to qualify to compete as a member of the Team Nova Scotia at the *2017 Atlantic Canada Equestrian Championships*.

I, _____ the Athlete, do hereby declare my intent to compete at the *2017 Atlantic Canada Equestrian Championships*. I understand I must **submit this declaration and proof of Canadian Citizenship** (copy of passport, birth certificate, Landed Immigrant Status) to the NSEF prior to my first eligible qualifying competition to be considered for Team Nova Scotia selection. I am aware that by date indicated by discipline on Qualifying document, the horse that I will be riding at *ACE* must be declared. I understand there the costs associated to qualifying and competing on Team NS that are my financial responsibility. It is also understood, I will actively participate in fund raising opportunities for the Team. I understand that I am to submit my results for eligible classes. I further understand that I must meet all Athlete Eligibility Criteria in order to be considered for team selection.

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|---------------------------------------|-------|
| Athlete Signature: | Date: |
| Parent or Legal Guardian's Signature: | Date: |

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|--------------------------------|----------------------------|--------------------|---------------|
| OFFICE USE | Date Received: | Date Fee Received: | Payment Type: |
| Proof of Canadian Citizenship: | Date Athlete Package Sent: | Results Received: | Eligible: |

Please remit completed form with payment to: NSEF 5516 Spring Garden Road, 4th Floor Halifax, NS B3J 1G6