

EQUESTRIAN DEVELOPMENT PROGRAMS EQUESTRIAN APPLICATION FORM

All stables conducting evaluations will ensure they provide safe facilities, have an emergency action plan in place, and have valid liability insurance and agree to accept full responsibility for this evaluation.

All equestrians must submit a completed and signed application to the evaluation coordinator. The equestrian's coach/instructor, and equestrian, by signing this form confirm that they have reviewed the skills required at this level and are satisfied that the equestrian is mentally and physically able to complete all phases. The equestrian is responsible for his or her own equipment and safety thereof.

Name:		
Current Level:		P/TSO #:
Street Address:		
Province/Territory:		Postal Code:
Email:		Discipline: English Western Driving
Tel (H): 1 ()	Tel (C): 1 ()
Signature		Date
Parent/Guardia (If under 19 years	nn Name (Print) of age)	
Parent/Guardian Signature		Date
Recommendat	ion of Equestrians Instru	ctor/Coach:
equestrian be tes	sted at this level. In addition,	nts for testing at Level and recommend that the we understand that Equestrian Canada certificates will be allenges, the candidate will write all previous written levels.
Instructor/Coach Name (Print)		Instructor/Coach Signature
EC#:	Tel (W):	Email:
	ubmitted to the P/TSO. P/TS	al or Territorial Sport Organization (P/TSO) when the Host O Membership applications and fees should also be