

NSEF TRAIL RIDE & DRIVE 2017

Participant Information

Office Use

Name
Address
Phone # Cell #
E-mail Address
Date of Birth - if under 19 yrs
2017 NSEF #

Armband #
\$10 Received
Registration Fee
Valid NSEF #

In case of Emergency Medical Conditions/Allergies for participant.

Empty box for emergency medical conditions/allergies.

Emergency Contacts

Name Phone #
Name Phone #
Name Phone #

Horse Information - if you have additional horses please list information on back

Name Color(s) Breed
Markings Sex Age Height

Owner - if other than participant

Name Phone # 2017 NSEF#

In case of Emergency Medical Conditions/Special Instructions for horse.

Empty lines for emergency medical conditions/special instructions.

Vehicle Information

Vehicle Plate Province Trailer Plate Province
Make Color Make Color
Markings Markings

Registration for Trail Ride. The following information/items must be submitted with this registration form.

- 1) Registration Fee for Trail Ride \$25.00 if registered by Wednesday October 4th. \$35 if registered after Oct 4th.
2) Armband Please select one of the following options:
a. I Already Have An Armband
b. I am enclosing the \$10 refundable deposit (payable in a separate cheque or cash)
c. I wish to purchase the armband and have included the \$10 payment for the armband.
3) I have enclosed my 2017 NSEF Membership Application (if not already a member or not renewed membership)

PAYMENT TYPE: Online Cheque/Money Order MasterCard/Visa Cash (in office only)

VISA/MASTERCARD PAYMENT INFORMATION: Total Credit Card Payment Enclosed: (Add Admin Fee \$3.00)

Name on Credit Card: Signature:
Credit Card Number Expiry Date Verification Code (located on the back of the card)

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