2019 LTED APPLICATION FORM

Deadline Date for Submission is: March 31, 2019 Date of Birth (dd/mm/yyyy):_____ Address: _____ Phone: (Home) _____ (Cell)_____ Email Address: Coaches you have worked with on a regular basis: ____Horse's Age:____ Horse's Name & EC Recording (if applicable): Owner's Name: _____ Owners Contact No.: _____ **DESIRED TIER** (see LTED outline for specific requirements for each tier): ☐ Tier 1 ☐ Tier 2 Do you wish to be considered for the NB Travelling Team? **DESIRED 2019 COMPETITION LEVEL:** □ Introductory □ Training Level □ First Level □ Second Level ☐ Western Dressage MEMBERSHIP REQUIRED (please send photocopies): NBEA #: _____ DNB #: ____ EC #: _____ **VACCINATION, COGGINS & FARRIER:** Proof of: Flu, Rhino, Strangles Coggins: Negative Coggins Test Dated 2019 Farrier Name and Frequency of Shoeing: ______

RIDER LEVEL:

Highest Rider Level achieved and date of achievement:

1

PAYMENT	
□ Tier 1: \$60	
□ Tier 2: \$100	
NOTE: If you wish to pay by VISA or Master Card subservice fee of \$3.00	mit your number below and there will be an additional
Payment will only be processed if you are selected for	or the program
Cheque payable to NBEA	
Send completed form to NBEA by March 31, 2019	
New Brunswick Equestrian Assn. 900 Hanwell Road, Unit 13 Fredericton NB E3B 6A2	Tel: (506) 454-2353 Fax: (506) 454-2363 Email: horses@nbnet.nb.ca
Card Number:	Expiry Date (MM/YY):
Name on Card:	CVV:
Signature:	Date:
CONSENT (if the participant is under 18, Parent or G	5 ,
, (parent/guread, understood and agree to the terms and condit my child's name and photo for riders under 18) to be participant in this program.	uardian if rider is under 18) acknowledge that I have ions stated herein. I agree to allow my name and photo e used in NBEA publications and news releases as a
Signature:	Date: