

2019 LTED APPLICATION FORM

Deadline Date for Submission is: March 31, 2019

Name:			Date of Birth (dd/mm/yyyy):		
Address	s:				
Phone:	(Home)		(Cell)		
Email A	Address:				
Coache basis:	es you have worked with on a	regular 			
Horse's	s Name:	Horse's Age:			
Owner'	's Name:	Owners Contact No:			
Desired	Tier (see LTED outline for spe	cific requirements for each	n tier):		
	Novelonment Tier — Starter (1)_22"\ &. Dra_Entry (2'2")			
	Development Tier – Starter (12-22") & Pre-Entry (2'3") Competitive Tier 1 – Entry (2'9")				
	Competitive Tier 2 – Pre-Training (3')				
	Competitive Tier 2 – Training (3'3")				
	ERSHIP REQUIRED:	,			
EC #:		NBEA #:	HTNB #:		
VACCINATION, COGGINS & FARRIER:					
Proof of: Flu, Rhino, Strangles					
	: Negative Coggins Test Dated				
	Name and Frequency of Shoe	ing:			
	ENCE (check all that apply)				
	xperience:				
	lunter/Jumper	Dressage	Schooling Shows		
Equitation Horse Trials None Rider's Eventing Experience:					
	lone	Pre-Entry	Pre-Training		
	tarter	Entry	Training+		
Horse Eventing (Cross Country Jumping) Experience:					
	lone	Pre-Entry	Pre-Training		
	tarter	Entry	Training+		



Rider Level Attainment:

Highest Rider Level achieved and Date of achievement:

	coach stating they support your participation in the LTED compete at your desired level for the season – not required tram last year.	
EQUIPMENT		
my coach and have or will purchase what is English equipment, I recognize that the sport of eventing also requires a safety	uipment and tack requirements for me and my horse with a required to participate safely. In addition to my regular vest and, as always, an ASTM approved and well-fitting is available *NEW FOR 2019* safety vests must meet or BETA level 3.	
PAYMENT		
Development Tier: \$100 Compe	etitive Tier 1: \$200 Competitive Tier 2: \$275	
NOTE: If you wish to pay by VISA or Master Card su service fee of \$3.00	Ibmit your number below and there will be an additional	
Payment will only be processed if you are selected	for the program	
Send completed form to NBEA by March 31, 2019 New Brunswick Equestrian Assn. 900 Hanwell Road, Unit 13 Fredericton NB E3B 6A2	Cheque payable to NBEA 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	Guardian must sign):	
understood and agree to the terms and condition	dian if rider is under 18) acknowledge that I have read, s stated herein. I agree to allow my name and photo (my sed in NBEA publications and news releases as a participant	
Signature:	Date:	
Have you completed the following:		
Enclosed Copies of Memberships	Indicated Rider Level achieved to date	
Enclosed letter of recommendation from co	Acknowledge proof of vaccinations due prior	