



2019 LTED APPLICATION FORM

Deadline Date for Submission is: March 31, 2019

Name: _____ Date of Birth (dd/mm/yyyy): _____

Address: _____

Phone: (Home) _____ (Cell) _____

Email Address: _____

Coaches you have worked with on a regular basis: _____

Horse's Name: _____ Horse's Age: _____

Owner's Name: _____ Owners Contact No.: _____

Desired Tier (see LTED outline for specific requirements for each tier):

- 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")

MEMBERSHIP REQUIRED:

EC #: _____ NBEA #: _____ HTNB #: _____

VACCINATION, COGGINS & FARRIER:

Proof of: Flu, Rhino, Strangles

Coggins: Negative Coggins Test Dated 2019

Farrier Name and Frequency of Shoeing: _____

EXPERIENCE (check all that applies)

Show Experience:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Hunter/Jumper | <input type="checkbox"/> Dressage | <input type="checkbox"/> Schooling Shows |
| <input type="checkbox"/> Equitation | <input type="checkbox"/> Horse Trials | <input type="checkbox"/> None |

Riders Eventing Experience:

- | | | |
|----------------------------------|------------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Pre-Entry | <input type="checkbox"/> Pre- Training |
| <input type="checkbox"/> Starter | <input type="checkbox"/> Entry | <input type="checkbox"/> Training+ |

Horse Eventing (Cross Country Jumping) Experience:

- | | | |
|----------------------------------|------------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Pre-Entry | <input type="checkbox"/> Pre- Training |
| <input type="checkbox"/> Starter | <input type="checkbox"/> Entry | <input type="checkbox"/> Training+ |



Rider Level Attainment:

Highest Rider Level achieved and date of achievement:

Please enclose a letter of recommendation from coach stating they support your participation in the LTED program and believe you and your horse can safely compete at your desired level for the season – not required if the horse and rider participated in the LTED program last year.

EQUIPMENT

- Yes, I have reviewed the required attire, equipment and tack requirements for me and my horse with my coach and have or will purchase what is required to participate safely. In addition to my regular English equipment, I recognize that the sport of eventing also requires a safety vest and, as always, an ASTM approved and well-fitting helmet. Help with vest fitting and selection is available ***NEW FOR 2019*** safety vests must meet or exceed ASTM approved standard F1937 or BETA level 3

PAYMENT

- Development Tier: \$100**
- Competitive Tier 1: \$200**
- Competitive Tier 2: \$275**

NOTE: If you wish to pay by VISA or Master Card submit your number below and there will be an additional service fee of \$3.00

Payment will only be processed if you are selected for the program

Send completed form to NBEA by March 31, 2019

Cheque payable to NBEA

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 Guardian must sign):

I, _____ (parent/guardian if rider is under 18) acknowledge that I have read, understood and agree to the terms and conditions stated herein. I agree to allow my name and photo (my child's name and photo for riders under 18) to be used in NBEA publications and news releases as a participant in this program.

Signature: _____

Date: _____

Have you completed the following:

- Enclosed Copies of Memberships
- Enclosed letter of recommendation from coach
- Indicated Rider Level achieved to date
- Acknowledge proof of vaccinations due prior to **Camp 1**