2019 LTED APPLICATION FORM

Dressage

Deadline Date for Submission is: April 9, 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 & EC Recording (if applicable): ______Horse's Age: _____ 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:

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PAYME	NT		
	Tier 1: \$60		
	Tier 2: \$100		
	f you wish to pay by VISA or Master Card sub fee of \$3.00	omit your number below and there will be an additional	
Paymer	nt will only be processed if you are selected f	or the program	
Cheque	payable to NBEA		
Send co	ompleted form to NBEA by April 9 th , 2019		
New Brunswick Equestrian Assn.		Tel: (506) 454-2353	
900 Hanwell Road, Unit 13		Fax: (506) 454-2363	
Fredericton NB E3B 6A2		Email: horses@nbnet.nb.ca	
Card Nu	umber:	Expiry Date (MM/YY):	
Name on Card:		CVV:	
Signature:		Date:	
CONSE	${f NT}$ (if the participant is under 18, Parent or ${f G}$	uardian must sign):	
l,	(parent/guardian if rider is under 18) acknowledge that I have		
read, ur (my chil	nderstood and agree to the terms and condit	cions stated herein. Lagree to allow my name and photo e used in NBEA publications and news releases as a	
Signature:		Date:	