



EQUESTRIAN DEVELOPMENT PROGRAMS HOST APPLICATION FORM



HOST DETAILS

Date of Application: _____ Date of Evaluation: _____

Location/Facility: _____ Evaluator : _____

_____ Co-ordinator: _____

Street Address: _____ City/Town: _____

Province/Territory: _____ Postal Code: _____

Email: _____ Discipline: English Western Drive

Tel (W): 1 () _____ Tel (C): 1 () _____

Tel (H): 1 () _____ Fax: 1 () _____

Candidate Applications Attached (Signed): Y N Membership Forms and Fees Attached: Y N

CANDIDATE DETAILS

Levels	# of Candidates	Candidate Names
Level 1		
Level 2		
Level 3		
Level 4		
Level 5		
Level 6		
Level 7		
Level 8		
Level 9		
Level 10		

P/TSO USE ONLY

P/TSO: _____ Admin Name: _____

Current NCCP Certified Coach approved: _____

Candidate P/TSO Memberships Verified: _____ Written Tests Sent: _____

After Evaluation: Individual Summary of Marks Returned to P/TSO: _____

Master Summary of Marks Returned to P/TSO: _____

P/TSO issues certificates and returned individual summary of marks to candidates within 30 days: _____