



**2024 LTED APPLICATION FORM**

Deadline date for submission: **March 29, 2024**

Submit by email to: [nbeaeditor@gmail.com](mailto:nbeaeditor@gmail.com)

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.: \_\_\_\_\_

**INDICATE DESIRED TIER IN 2024 (SEE LTED OUTLINE FOR SPECIFIC REQUIREMENTS FOR EACH TIER):**

- \* Development Tier – Intro (0-24")
- \* Development Tier – EV70 (Starter 2'3")
- \* Development Tier – EV78 (Pre-Entry 2'6")
- \* Competitive Tier – EV85 (Entry 2'9")
- \* Competitive Tier – EV 95 (Pre-Training 3')
- \* Competitive Tier – EV100 (Training 3'3") & EV105 (3'5")

**PREVIOUS LTED INVOLVEMENT (Indicated most recent):**

LTED Program: \_\_\_\_\_ Year: \_\_\_\_\_ Level: \_\_\_\_\_

**MEMBERSHIPS REQUIRED:**

NBEA# \_\_\_\_\_ (Dev. & Comp. Tiers) HTNB# \_\_\_\_\_ (Dev. & Comp. Tiers)

EC# \_\_\_\_\_ (Competitive Tiers Only)

**VACCINATION, COGGINS & FARRIER:**

Mandatory proof due **April 20, 2024**...Initial: \_\_\_\_\_

- Flu, Rhino, Strangles, negative Coggins test (Dated 2024)

Farrier Name and Frequency of Shoeing: \_\_\_\_\_

**RIDER LEVEL ATTAINMENT (EC Rider Level or Canadian Pony Club Testing Level):**

Highest Rider Level achieved: \_\_\_\_\_ Date of achievement: \_\_\_\_\_

If new to the LTED Eventing Program or a new horse/rider combination, please enclose a **letter of recommendation** from your coach stating that they support your participation in the LTED program and believe you and your horse can safely compete at your desired level for the season.

**SHIRT SIZE:** \_\_\_\_\_



**EXPERIENCE** (check all that apply):

Show Experience:

- Dressage
- Combined Test
- Other: \_\_\_\_\_
- Hunter/Jumper
- Horse Trial
- Derby
- Schooling Shows

Rider's Horse Trial / Eventing Experience:

- None
- Intro / EV70 (Starter)
- EV78 (Pre-Entry)
- EV85 (Entry)
- EV90 (Pre- Training)
- EV100/105 (Training+)

Horse's Horse Trial / Eventing Experience:

- None
- Intro / EV70 (Starter)
- EV78 (Pre-Entry)
- EV85 (Entry)
- EV90 (Pre- Training)
- EV100/105 (Training+)

**EQUIPMENT:**

- I have reviewed the required attire, equipment, and tack for both myself and my horse with my coach and have or will purchase what is required to participate safely. I recognize that the sport of Eventing requires an ASTM approved, well-fitting helmet and a safety vest that meets or exceeds ASTM approved standard F1937 or BETA 3 level.

**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 if new to the program
- Indicated rider and horse experience
- Indicated Rider Level achieved to date
- Acknowledge proof of vaccinations due 2 weeks prior to mounted clinic
- Indicated experience including MERs



**PAYMENT:**

Name of rider: \_\_\_\_\_

- Development Tier: \$200**
- Competitive Tier: \$300**

Payment plans available on a case-by-case basis. Please contact HTNB for more information.

E-transfers to be sent to: [equinenb@gmail.com](mailto:equinenb@gmail.com)

Note "LTED Eventing" and rider's name in the message. Use the password **LTEDeventing** (if needed).

Cheques made payable to NBEA may be sent by mail:

New Brunswick Equestrian Association, 900 Hanwell Road, Suite #31, Fredericton, NB E3B 6A2

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

Card Number: \_\_\_\_\_ Expiry Date (MM/YY): \_\_\_\_\_

Name on Card: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_