





2025 LTED APPLICATION FORM

Name:	Date of Birth (dd/mm/yyyy):		
Address:			
Phone: (Home)	(Cell)		
Email Address:			
Coaches you work with on a regular basis:			
Horse's Name:			
Owner's Name:			
 INDICATE DESIRED TIER (SEE LTED PROGRAM C * Development Tier – Intro (0-24") * Development Tier – EV70 (Starter 2'3") * Development Tier – EV78 (Pre-Entry 2'6") PREVIOUS LTED INVOLVEMENT (Indicated mosting) 	* Competitive T * Competitive T * Competitive T	REQUIREMENTS FOR EACH TIER): "ier – EV85 (Entry 2'9") "ier – EV 95 (Pre-Training 3') "ier – EV100 (Training 3'3") & EV105 (3'5"	
LTED Program:		Level:	
MEMBERSHIPS REQUIRED: NBEA# (Dev. & Comp. Tiers) EC# (Competitive Tiers O VACCINATION, COGGINS & FARRIER: Mandatory proof due April 19, 2024Initial: • Flu, Rhino, Strangles, negative Coggins t	only)	(Dev. & Comp. Tiers)	
Farrier Name and Frequency of Shoeing:			
RIDER LEVEL ATTAINMENT (Must have EC Ride	r Level 2 or Canadian	Pony Club Level D to apply):	
Highest Rider Level achieved:	Date of achieveme	nt:	
If you do not have EC Rider Level 2 or CPC Level coach stating that they support your participation horse can safely compete at your desired level f	on in the LTED Eventir		

SHIRT	SIZE:	







EXPERIENCE (check all that apply):					
Show Experience:					
 Dressage 	0	Hunter/Jumper	0	Derby	
 Combined Test 	0	Horse Trial	0	Schooling Shows	
• Other:					
<u>Rider's Horse Trial / Eventing Experience:</u> None Intro / EV70 (Starter) 	0		0	EV90 (Pre- Training) EV100/105 (Training+)	
Horse's Horse Trial / Eventing Experience:	<u>.</u>				
o None	0	EV78 (Pre-Entry)	0	EV90 (Pre- Training)	
 Intro / EV70 (Starter) 	0	EV85 (Entry)	0	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. Iagree 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

- $\circ \quad \text{Indicated Rider Level achieved to date} \\$
- Acknowledge proof of vaccinations due 2 weeks prior to mounted clinic
- $\circ \quad \text{Indicated experience including MERs}$







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

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.

Card Number:	Expiry Date (MM/YY):
Name on Card:	CVV:
Signature:	Date: