

Vaccination proof and Coggins test must be submitted along with registration, please.

Rider's Name: _____ Date of Birth _____

Rider's NBEA #: _____ EC Sport License # _____

Highest Rider Level/Pony Club Level Completed: _____

Regular Coach/Instructor: _____

Email: _____ Phone: _____

Horse's Name: _____ Horse's Age: ____ Horse ____ Pony ____

☐ Tier 1: Developmental/Low Level Competitive

☐ Tier 2: Competitive

MONCTON Clinics

GEARY Hill Clinics

Please provide a brief description of your jumping competition experience to date:

What are your competition goals for 2025?

☐ Cost: \$325.00

☐ For registered attendees of the April 12th Jen Hamilton clinic - \$275

- Deadline for registration JUNE 9th, 2025 – Jason Milburn/Moncton

Registration Payment:

- ☐ cheque payable to NBEA
- ☐ Etransfer to equinenb@gmail.com. No password. Include LTED Jumper in the note.
- ☐ Credit Card – Visa or MasterCard

Name on Card: _____

Credit Card Number: _____

Expiration: _____ CSV#: _____

Signature: _____

2025 NBEA LTED Jumping

Forms can be mailed to: NBEA, 900 Hanwell Road, Suite 31, Fredericton, NB, E3A 6A2

or

Emailed to nbeaeditor@gmail.com

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: _____

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