

## 2025 NBEA LTED Jumping Registration Form



Rider's	s Name:	Date of Bir	th		
Rider's NBEA #:		EC Sport License #			
Highes	st Rider Level/Pony Club Level Completed:				
Regula	ar Coach/Instructor:				
Email:		Phone:			
Horse'	's Name:	Horse's Age:	Horse	Pony	
☐ Tier 1: Developmental/Low Level Competition ☐ Tier 2: Competitive			MONCTON Clinics GEARY Hill Clinics		
Please	e provide a brief description of your jumping con	npetition experience to	o date:		
What	are your competition goals for 2025?				
☐ Co	ost: \$325.00				
□ Fo •	or registered attendees of the April 12 <sup>th</sup> Jer Deadline for registration JUNE 9 <sup>th</sup> , 2025 – Jason Milbur Deadline for registration MAY 9 <sup>th</sup> , 2025 – Jen Hamilton	rn/Moncton	275		
Regis	tration Payment:				
	cheque payable to NBEA				
	Etransfer to equinenb@gmail.com. No password. In	clude LTED Jumper in the	e note.		
	Credit Card – Visa or MasterCard				
	Name on Card:			·	
	Credit Card Number:				
	Expiration:				
	Signature:				

## 2025 NBEA LTED Jumping

Forms can be mailed to: NBEA, 900 Hanwell Road, Suite 31, Fredericton, NB, E3A 6A2
or
Emailed to <a href="mailed-to-mbeaeditor@gmail.com">nbeaeditor@gmail.com</a>
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<b>CONSENT</b> (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