# NBEA- HTNB LTED APPLICATION

| Date of Submission:                                  | Deadline Date for Submission is:                                  |              |  |  |  |
|--|---|--------------|--|--|--|
| October 18, 2015 at Brae Fea                         | nn or to NBEA if before October 18 <sup>th</sup> - Details below. |              |  |  |  |
| Name:  | Date of Birth (mm/dd/yy):   |              |  |  |  |
| Address:   |   |              |  |  |  |
| Phone: (home)  | ell)Email Address:  |              |  |  |  |
| Previous Coaches you have w                          | ed with on a regular basis:                                       |              |  |  |  |
| Horse's Name:  | Horse's Age:  | Horse's Age: |  |  |  |
| Owner's Name:  | Owner's Contact Number:   |              |  |  |  |
| MEMBERSHIPS REQUIRE                                  | :<br>vith this application as well HTNB                           |              |  |  |  |
| NBEA#: HTN   |   |              |  |  |  |
| VACCINATIONS & COGGI                                 | :   |              |  |  |  |
| Vaccines Required: Flu, Rh                           | , Strangles   |              |  |  |  |
| Coggins : Negative coggins                           | hin past 2 years.   |              |  |  |  |
| EXPERIENCE (please che                               | which applies to you)   |              |  |  |  |
| Type of show experience:<br>Hunter/Jumper O Equitati | O Dressage O Horse Trials O Schooling Shows Only $0\mathrm{N}$    | one O        |  |  |  |
| Eventing experience:  None 0 Pre-Entry 0 F           | ry 0 Pre-Training 0 Training O                                    |              |  |  |  |

### **EVENTING GOAL FOR 2016**

Pre-Entry (less than 2'6") O Entry (2'9") O Pre-Training (3") O Training (3'3") O

#### **RIDERS RESPONSIBILITIES**

### Participants in this LTED program must agree to meet the following criteria:

- Read the Fall LTED Outline document.
- To participate in the October clinic/mini-event please email Lori Leach at info@breafearann.com by October 15, 2015.
- Must arrange their own transportation to the clinic/camps.
- Must have solid w/t/c flat work and have some experience jumping crossrails.
- Horse's feet must be trimmed and if horse is wearing shoes, cork holes are recommended for PT and T divisions'.
- Rider & horse must have correct riding attire for all 3 phases

  (Riders and Parents where appropriate will be provided info on what is required for the safety of both rider and horse for each phase of eventing).

## LTED Riders must commit to the following:

- To attend the Oct, Nov and Dec clinic, and, as many of the clinics over the winter months
  as possible. The winter clinics may be designed without horses.
- To have fun!

## Riders must also agree to the following program policies:

- No refunds are provided for the LTED portion of the program.
- Non-LTED participants can pay on the clinic wkend they choose to attend. Non-LTED participants
  need to sign up for the Nov and Dec clinics by emailing Suzanne Stevenson at
  <u>suzannestevenson@nb.sympatico.ca</u> preferably by the Thursday preceding the clinic.
- The winter clinics can be signed up for by emailing Suzanne Stevenson at <u>suzannestevenson@nb.sympatico.ca</u> preferably by the Thursday preceding the clinic. The Jan, Feb and Mar winter clinics payments will be made to Foshay South Eventing Inc.

Cheque payable to NBEA for \$125 which includes 3 clinics Oct, Nov and Dec.

**NOTE:** If you wish to pay by visa submit your number below and there will be an additional service fee of \$3.

| Mail, fax or scan to NBEA if before Oct 18. At horses | <u>@nbnet.nb.ca</u> Fax: 506-454-2363   |
|---|---|
| 900 Hanwell Rd Suite 13 Fredericton, NB E3B 6A2       |   |
| * I wish to pay by Visa. My visa number is            |   |
| Name on the card is                                   |   |
| Expiry Date (MM/YY)                                   |   |
| CVV   |   |
| I understand there is a \$3 charge to do so.          |   |
| Signature:  | Date:   |
|   |   |
| CONSENT: (If the participant is under 18, Parer       | t or Guardian must sign):   |
|   | (parent/guardian if rider is under 18) acknowledge that I have read   |
|   | stated herein. I agree to allow my name and photo (my child's name bublications and news releases as a participant in this program. |
| Signed:   | Date:   |