



**ALBERTA HORSE TRIALS ASSOCIATION
CLINIC APPLICATION FORM**

CLINIC NAME AND DATE: _____
RIDER NAME: _____
ADDRESS: (COMPLETE) _____
PHONE: _____ E-MAIL: _____
AGE (IF UNDER 18): _____
NAME OF HORSE: _____ AGE: _____ M G S
AHTA COMPETITION LEVEL RIDING: _____
STABLING REQUIRED: Yes No (circle) What DAYS: _____
How many times a week does you ride? _____
Winter: _____ Summer: _____ Do you work with a trainer? Yes No (circle)
IF YES: TRAINER/COACHES NAME: _____
Proposed AHTA Competitions for this Year?

Are there any specific areas you wish to work on in this clinic? Problems? _____

AHTA MEMBERSHIP REQUIRED/ TEMPORARY MEMBERSHIP AVAILABLE

AHTA # _____ or Temporary Membership Required: _____
AEF# _____ (also required)

Cheque Payable to: ALBERTA HORSE TRIALS ASSOCIATION

- Temporary Membership \$30 Fee: _____
- Pony Club/4H Promotion (one time only) no charge _____
- Clinic Fee: _____
- Total Cheque: _____

Date of this Application: _____

REGISTRATION DEADLINE: 2 Weeks prior to clinic date

*****NO REFUNDS OR CANCELLATION ONE WEEK** prior to clinic unless the registrant can supply a fill- in rider.

REMEMBER

***** TO SIGN CONSENT FORM AND INCLUDE WITH APPLICATION*****

Mail to: Linda COWHERD, 1 Inverness Crescent, St. Albert, Alberta, T8N 5J6.

Phone: 780/459-9771

Or email: pchoney@telusplanet.net