



**ALBERTA HORSE TRIALS ASSOCIATION
CLINIC APPLICATION FORM**

CLINIC DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

AGE (IF UNDER 18): _____

NAME OF HORSE: _____ AGE: _____ M G S

COMPETITION LEVEL: _____

STABLING REQUIRED: Yes No (circle) What Dates: _____

How many times a week do you ride? _____

Winter: _____ Summer: _____

Do you work with a trainer? Yes No (circle)

Proposed 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# _____

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: _____

***NO REFUNDS OR CANCELLATION ONE WEEK prior to clinic unless there is a replacement available from the waiting list.

REMEMBER

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

Mail to: Linda Choney, 1 Inverness Crescent, St. Albert, Alberta, T8N 5J6. Phone: 780/459-9771
Or email: pchoney@telusplanet.net