



ALBERTA HORSE TRIALS ASSOCIATION CLINIC APPLICATION FORM

AHTA #, AEF #, Paid in Full, Stabling (Y/N), Stabling Paid

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: (this is important in order to put together the riding groups) 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 IF YES: TRAINER/COACH'S 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. *If you are going to register as a Temporary Member the completed AHTA membership form must also be enclosed with your registration

REMEMBER *** TO SIGN CONSENT FORM AND INCLUDE WITH APPLICATION*** Mail to: Sharon Roberts, #313, 52252 Range Road 215, Sherwood Park, Alberta, T8E 1B7. Phone: 780-922-1984 Or email: s.roberts1111@yahoo.ca