



Eventing 101 Clinic Form

Cochrane Ag Society

June 3, 2017

RIDER NAME: _____ DOB (if under 18): _____

ADDRESS: _____

PHONE NUMBER: _____ E-MAIL: _____

NAME OF HORSE: _____ AGE: _____ M S G

Alberta Equestrian Federation (AEF) membership #: _____ (required)

Have you jumped prior to this clinic?: Yes No (circle)

If yes, to what height? _____

Have you jumped cross country? _____

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

If yes, trainer name? _____

Pony Club and Level (if applicable): _____

Cross Country jumping involves jumping natural, fixed obstacles in an open field. On a scale of 1 through 10 (with 1 being not comfortable at all and 10 being completely comfortable) how comfortable are you jumping in an open area with a group of horses?
1 2 3 4 5 6 7 8 9 10 (circle one)

Clinic Fee: \$25 (includes lunch)

REGISTRATION DEADLINE: 2 weeks prior to clinic date _____

NO REFUNDS OR CANCELLATIONS ONE WEEK prior to clinic

Copy of AEF membership _____

AHTA Waiver _____

Payments can be made by eTransfers to ahtapayments@gmail.com or make cheques payable to Alberta Horse Trials Association.

Contact

Becky Galbraith

E-mail: kbgalbraith@hotmail.com please put Eventing 101 in the subject line