

Participant Registration Form

RIDER NAME: _____ AGE: _____ AEF#: _____

PARENT NAME (if rider under 18): _____

ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

HORSE NAME: _____ BREED: _____

BARN NAME: _____ COACH NAME: _____

<p>FOR OFFICE USE ONLY</p> <p>PAID: <input type="checkbox"/></p> <p>TIME SLOT: _____</p>
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