

NORTHERN TRAILS RIDING CLUB

ENDORSED CLINIC

REGISTRATION FORM



Thank you for attending this Northern Trails Riding Club hosted event!

Clinic Name :

Instructor:

Applicants Name :

Date:

Age of Rider:

Age of Horse:

Membership Type : Individual FAMILY Non NTRC Member Non Riding Member

Address:

Phone Number:

E-Mail:

Child/Youth Information:

Parent Name:

Parent Signature:

Riding Experience Level:

Emergency Contact :

First Name:

Relationship:

Last Name:

Phone Number:

AEF Membership Number & Date of Expiry: _____

Circle Payment Amount: _____

Circle Payment type: E-transfer or Cheque

Participant Signature: