

Northern Trails Riding Club
Application For 2008 Membership

Please Print Clearly

Early Bird Special

● Mail in membership, to be received by
 ● **April 15, 2008**, and receive a discount.

- Individual Discount \$5.00
- Family Discount \$10.00

Last Name: _____

Address: _____ Town/City: _____ Postal Code: _____

Phone : _____ Fax: _____ email: _____

	<u>Regular Rate</u>	<u>Discounted Rate</u> if received by April 15, 2008
Check One : _____ Senior (18 & over as of Jan. 1 of the current year)	\$25.00	\$20.00
_____ Youth (17 & under as of Jan. 1 of the current year)	\$25.00	\$20.00
_____ Family (Comprised of the parents & all children under the age of 18 living at home.)	\$50.00	\$40.00
_____ Numbers Fee (For each horse/rider combination.)	<u>\$ 5.00</u>	
	TOTAL:	TOTAL \$
	\$ _____	\$ _____

I, _____, do hereby make application for membership in the NORTHERN TRAILS RIDING CLUB for the year 20____. I am aware of the rules and regulations of the club and the responsibilities of membership and agree to comply with them.

In consideration of the acceptance of this application, I, the undersigned, do hereby, for myself, my heirs, my executors and administrators, waive and release the NORTHERN TRAILS RIDING CLUB and any other persons associated with the Club, their representatives, successors and assigns, from all and any rights, claims or liability for damages for any and all injuries to me, my family members, my animals or my properties, or, in the event of accident to anyone else caused by me, my family members or my animals.

NAME(S) OF COMPETITOR(S):	NAME OF HORSE(S)	DATE FOALED	AEF number	AGE AS OF JAN 1 (17 & UNDER)	WAIVER: CHECK BOX
_____	_____	_____	# _____	_____	<input type="checkbox"/>
_____	_____	_____	# _____	_____	<input type="checkbox"/>
_____	_____	_____	# _____	_____	<input type="checkbox"/>
_____	_____	_____	# _____	_____	<input type="checkbox"/>

**** WAIVERS MUST BE SIGNED FOR EACH COMPETITOR ****

Applicant's Signature : _____ Date : _____

Signature of Parent or Guardian : _____

required if applicant is under 18

Payment of \$ _____ is attached.

Cheque: _____ Cash: _____

NTRC Box 956, Turner Valley, AB T0L 2A0
Phone: 933-2253 Fax# 933-2253