

**Northern Trails Riding Club**  
**Application For 2010 Membership**

\*\*Please Print Clearly\*\*

**Early Bird Special**

● Mail in membership, to be received by  
 ● **April 15, 2010**, 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, 2009
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 <b>each horse/rider</b> combination.)	<u>\$ 5.00</u>	
	<b>TOTAL:</b>	<b>TOTAL \$</b>
	\$ _____	\$ _____

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: \_\_\_\_\_

<p><b>NTRC RR1, Site 12, Box 26, Didsbury, AB</b>  <b>T0M-0W0</b>  <b>Phone: 403-335-8791 Fax#403-335-4203</b></p>
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