

## **Equine Canada Rider Levels Workshop** Registration Form

Date:				

EC Rider	Date:
Levels	Participant Name:
Date of	f Birth Under 18yrs:
	1-2 3-4-5 6-7-8 Ttl Number: Ttl:\$
One Day VHF Fee: \$\$ Please make cheques out to; <b>Vent</b>	w/taxes  Total: Manual(s) + Day Fees = \$ turing Hills Farm
Parent's Name if Participant is ur	nder 18 yrs:
Address:	
Contact Numbers: Home:	Office: Cell:
Medical Condition(s) Allergy(ies):	
Emergency Contact Name:	Number:
Parent's Signature:	Date:
•	No □ Provincial Member: FEQ □ OEF □ No □
	http://www.venturinghills.ca/EQ_en/events.php
See you s	soon at Venturing Hills!
Venturing Equine Hills	Canada Rider Levels 🗚 Date: Receipt
	Date:
Receipt Descript	