



CC/ADA Ride a Test Day
 Saturday, March 25, 2023

RIDER INFORMATION

First name	Last name	Phone number	Age (if under 18)
Address / City / Postal Code			
Email address		AEF number (please attach a copy to this form)	

HORSE OWNER INFORMATION

First name	Last name	Phone number	Age (if under 18)
Address / City / Postal Code			
Email address		AEF number (please attach a copy to this form)	

HORSE INFORMATION

Name	Age	Sex	Colour	Breed
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CLINIC INFORMATION

Location of choice (please circle)	The Stables at Pavan / Vales Prairie Trails
Haul in (please circle)	Yes / No
Dressage Level:	Test #:
Dressage Level:	Test #:

CC/ADA Member - \$85	\$
Non CC/ADA Member - \$110	\$
Total	\$

 Rider name / guardian if under 18 (please print)

 Rider signature / guardian if under 18

Please send fee by e-transfer to
chinookcountryada@gmail.com
 Security question: *What is my sport?*
 Answer: *dressage*
 Email entry form to **nicoleandres2@gmail.com**