## **2019 Northern Alberta Coaching Clinic Registration Form**

Participant Name:		Phone:	
Email:		Age:AEF#:	
Address:	City	/:	_Postal Code:
Registration & Stabling Pa	yment Total: \$		
Credit Card:	Exp. Date	Type:	CVV:
**I hereby authorize my credit o	card to be charged for the regist	ration payment total no	ted above:
Etransfers accepted – <u>tricia@sa</u>	ndridgestables.ca.		
☐ Competitive - Expe	canter,2'6" jumps c Level Dressage, 2'9 jumps rience at Provincial or Bronze competition – Experience at G est before? Yes/No I ne	e Level shows or Event iold or above shows or ed to test Rider Level ich one?	ting up to Training Level r Eventing at Prelim or above
Why do you teach/want to to	each?		
	ou most interested in? Please Competitive		
Will you be bringing your ow Do you require stabling	n horse? Yes/No Yes/No	Stabling cost \$30	)/night
Scheduling and Costs: \$325.00 plus GST \$25.00 discount for Al 8:00 am – 3:30 pm Oc Registration Deadline		Sandridge clients	
Coaching Clinic Registrations	are to be sent to:		
Sandridge Stables:	22335 Township Road Sherwood Park, AB T8C 1E2 780-271-2106 or ema tricia@sandridgestab	iled to	

Please note registrations for Coaching Evaluations MUST be sent directly to AEF at:

Suite 100, 251 Midpark Blvd SE Calgary, Alberta T2X 1S3 • Phone: 403-253-4411 • Toll Free: 1-877-463-6233

coaching@albertaequestrian.com