**2024 LTED APPLICATION FORM**

Deadline date for submission: **March 29, 2024**

Submit by email to: [**nbeaeditor@gmail.com**](mailto:nbeaeditor@gmail.coma)

Name: Date of Birth (dd/mm/yyyy):

Address: \_

Phone: (Home) (Cell)

Email Address:

Coaches you have worked with on a regular basis:

Horse’s Name: Horse’s Age:

Owner’s Name: Owners Contact No.:

**INDICATE DESIRED TIER IN 2024 (SEE LTED OUTLINE FOR SPECIFIC REQUIREMENTS FOR EACH TIER):**

\* Development Tier – Intro (0-24”) \* Competitive Tier – EV85 (Entry 2’9”)

\* Development Tier – EV70 (Starter 2’3”) \* Competitive Tier – EV 95 (Pre-Training 3’)

\* Development Tier – EV78 (Pre-Entry 2’6”) \* Competitive Tier – EV100 (Training 3’3”) & EV105 (3’5”)

**PREVIOUS LTED INVOLVEMENT (Indicated most recent):**

LTED Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEMBERSHIPS REQUIRED:**

NBEA# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Dev. & Comp. Tiers) HTNB# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Dev. & Comp. Tiers)

EC# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Competitive Tiers Only)

**VACCINATION, COGGINS & FARRIER:**

Mandatory proof due **April 20, 2024**…Initial: \_\_\_\_\_\_

* Flu, Rhino, Strangles, negative Coggins test (Dated 2024)

Farrier Name and Frequency of Shoeing:

**RIDER LEVEL ATTAINMENT (EC Rider Level or Canadian Pony Club Testing Level):**

Highest Rider Level achieved: \_\_\_\_\_\_\_\_\_\_\_\_ Date of achievement: \_\_\_\_\_\_\_\_\_\_\_\_

If new to the LTED Eventing Program or a new horse/rider combination, please enclose a ***letter of recommendation*** from your coach stating that they support your participation in the LTED program and believe you and your horse can safely compete at your desired level for the season.

**SHIRT SIZE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXPERIENCE** (check all that apply):

Show Experience:

* Dressage
* Combined Test
* Hunter/Jumper
* Horse Trial
* Derby
* Schooling Shows
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rider’s Horse Trial / Eventing Experience:

* None
* Intro / EV70 (Starter)
* EV78 (Pre-Entry)
* EV85 (Entry)
* EV90 (Pre- Training)
* EV100/105 (Training+)

Horse’s Horse Trial / Eventing Experience:

* None
* Intro / EV70 (Starter)
* EV78 (Pre-Entry)
* EV85 (Entry)
* EV90 (Pre- Training)
* EV100/105 (Training+)

**EQUIPMENT:**

* I have reviewed the required attire, equipment, and tack for both myself and my horse with my coach and have or will purchase what is required to participate safely. I recognize that the sport of Eventing requires an ASTM approved, well-fitting helmet and a safety vest that meets or exceeds ASTM approved standard F1937 or BETA 3 level.

**CONSENT** (If the participant is under 18, Parent or Guardian must sign):

I, (parent/guardian if rider is under 18) acknowledge that I have read, understood, and agree to the terms and conditions stated herein. I agree to allow my name and photo (my child's name and photo for riders under 18) to be used in NBEA publications and news releases as a participant in this program.

Signature: Date:

Have you completed the following?

* Enclosed Copies of Memberships
* Enclosed letter of recommendation from coach if new to the program
* Indicated rider and horse experience
* Indicated Rider Level achieved to date
* Acknowledge proof of vaccinations due 2 weeks prior to mounted clinic
* Indicated experience including MERs

**PAYMENT:**

Name of rider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Development Tier: $200**
* **Competitive Tier: $300**

Payment plans available on a case-by-case basis. Please contact HTNB for more information.

E-transfers to be sent to: [equinenb@gmail.com](mailto:equinenb@gmail.com)

Note “LTED Eventing” and rider’s name in the message. Use the password **LTEDeventing** (if needed).

Cheques made payable to NBEA may be sent by mail:

New Brunswick Equestrian Association, 900 Hanwell Road, Suite #31, Fredericton, NB E3B 6A2

NOTE: If you wish to pay by VISA or Master Card, submit your number below. There will be an additional service fee of $3.00.

Card Number: Expiry Date (MM/YY):

Name on Card: CVV:

Signature: Date: