

CAMPBELL RIVER TRAIL RIDERS

"FOR THE LOVE OF HORSES"

A COMMUNITY ORGANIZATION FOR EQUINE ENTHUSIASTS OF ALL AGES

MEMBERSHIP APPLICATION FORM

Family Name: _____

Mailing address: _____

Please list family members below: Phone # _____ Cell # _____

E-mail: _____

PLEASE LIST name of family member below and indicate whether Sr. (Adult) or Junior (18 years of age or younger)	√	Horse Council of British Columbia #	EC#	Birth Date (birth date as of January 1 st of current year)
Sr.		HCBC#		N/A
Sr.		HCBC#		N/A
Jr.		HCBC#		
Jr.		HCBC#		

Please indicate and a √ which package you are buying – CHEQUES: please make payable to Campbell River Trail Riders

	√		Cheque #	Cash
Senior Membership (19 years of age or older)*eligible to vote		\$65.00		
Junior Membership (18 years of age or younger)		\$45.00		
Family Membership(not to exceed more than 2 seniors per family)		\$100.00		

*
**In order to run a successful club, we need participation from all our members .
RIDERS AND PARENTS: CRTR is a non-profit organization run by volunteers. CRTR NEEDS the volunteer services from riders and parents. Please watch for e-mails and check the CRTR web site for ways you can become involved and contribute to the success of your club.**

RELEASE FORM

I sign this waiver for the CRTR at my own risk and subject to the rules of the show and/or clinic and I agree to be bound thereby. I agree to make no claim against the show/clinic committee, the CRTR, the clinician or any other official connected with the show/clinic if any damage be occasioned to or loss occur to any equipment or animal, or accident or injury to any rider which I may send to the show or clinic. The undersigned Owner, Rider, Parent, Guardian hereby acknowledges and agrees to accept all risk for equestrian activities at the facility designated by the club and waive any claim for personal injury or loss incurred on those premises. Participants are advised to provide their own insurance for all risks and negligence. I further certify that I have read all instructions and will comply.

Members Signatures: _____

Signature of parent/guardian (if junior) _____

DATED: _____

WWW.CAMPBELLRIVERTRAILRIDERS.COM FOR MEMBERSHIP POLICIES AND SCHEDULED EVENTS

PLEASE MAIL FORM TO CRTR: P.O. BOX 20077, CAMPBELL RIVER, B.C. V9W 7Z5