



Cross Country Clinic Application Form

All clinic participants must hold a current SPHC Membership
as well as AEF or Horse Council Membership

Clinic Name and Date: _____

Rider Name: _____ Date of birth: _____

Address: _____ City: _____ Prov: _____

Postal Code: _____ AEF Number: _____

Phone Number: _____ E-mail Address: _____

Horse(s) Name: _____ Age: _____ Sex: M / G / S

Stabling Required: Yes No How many days required: _____

AHTA Competition Level (Combined Horse/Rider): _____

Starter Pre-Entry Entry Pre-Training Training Preliminary

What level are you and your horse comfortable Jumping a Full Course?

Starter Pre-Entry Entry Pre-Training Training Preliminary

Specific goal(s)/area(s) of improvement you would like to work on during this Clinic:

Please send this form along with a Signed copy of the SPHC waiver to:

Sam Hives

RR #1

Wanham Alberta

ToH3Po

dkequestrian@hotmail.com

780-876-4627

E-Transfer Payments Can be made to SPHC

southpeacehorseclub@gmail.com pass: SPHC2018)