

# RIDER REGISTRATION FORM 2019-20

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ OTHER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## Parents

I would be interested in the following activities:

Horse handling \_\_\_\_\_ Sidewalking \_\_\_\_\_

Workparties \_\_\_\_\_

Fundraising Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Membership fee paid (\$10.00) \_\_\_\_\_

Membership in the PRTRA is \$10.00 per year, September through August.  
Thank you for your support.



## POWELL RIVER THERAPEUTIC RIDING ASSOCIATION

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