

# RIDER REGISTRATION FORM 2020-21

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

4356 Myrtle Ave  
POWELL RIVER, BC, V8A 0T2  
Tel: 604 485-0177  
Fax: 604 485-0178  
BN 891519449 RR0001