

# RIDER REGISTRATION FORM 2021-22

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

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

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

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

## Parents

I would be interested in the following activities:

Workparties      Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

Date: \_\_\_\_\_ Registration Fee paid (\$10) \_\_\_\_\_

*Payments can be made by cash, cheque or e-transfer to [prtra@shawbiz.ca](mailto:prtra@shawbiz.ca).*

**Registration for PRTRA is \$10.00 per year, September through August.  
Thank you for your support.**



## **POWELL RIVER THERAPEUTIC RIDING ASSOCIATION**

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