



ONTARIO
EQUESTRIAN
FEDERATION

EQUINESHIPPIQUE



NATIONAL TRAIL GUIDE CERTIFICATION PROGRAM APPLICATION FORM

Memberships: OEF #: _____ EC #: _____ CC# _____

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ e-mail: _____

Date of Birth: _____

Highest Rider Level achieved to date: _____ Western English

APPLICATION CONTRACT

I hereby indicate that I wish to participate in the Equine Canada National Trail Guide Certification Program.

Signature

Date

PARENT AGREEMENT (if applicant is under age of eighteen)

I agree that my son/daughter may enter this Program. I am also aware that until such time as my child reaches the age of eighteen, that I am legally responsible for his/her actions.

Signature

Date

By submitting this Application you are stating your interest and intent to participate in training and evaluation for the New National Trail Guide Certification Program. We will open a file for you so we know to contact you when we have more information on the requirements for the program, training and evaluation opportunities. **Completing this application does not commit you to complete the program.** While we do not have a list of prerequisites at this point, we highly recommend that you seek to complete a Standard First Aid Certificate with CPR.

Return your completed application to:

The Ontario Equestrian Federation
1 West Pearce Street, Suite 201,
Richmond Hill, Ontario
L4B 3K3

OR you can email the completed form to education@horse.on.ca or fax it to 1-877-615-7344