

APPLICATIONS DUE
TO THE OEF OFFICE
NO LATER THEN FRI
MAY 28TH, 2010

EQUINE  HIPPIQUE

CANADA 



EQUINE CANADA ENGLISH COACH 1 2010 EXAMINATION APPLICATION FORM

Name: _____ EC #: _____

Address: _____ OEF #: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: (h) _____ (b) _____

(fax) _____ (e-mail) _____

Examination Date: Friday, June 25th 2010 Location: Foxcroft Equestrian Centre

Please check one of the following:

This is my first attempt at the Examination Process. Please enclose a cheque for \$367.50 (includes GST, *if not included application will be sent back*) with this application (made payable to OEF) or Visa-MasterCard information (name, card number, CSV, expiry)

I am attempting the Examination process again and I would like to register to re-take the following modules. Each module is \$89.25 (made payable to OEF):

Section A/B: Required Riding
Riding on The Flat & Jumping

Section C: Practical and Theory**

Section D: Training & Coaching**

****For retakes of Section C and/or D, proof of additional mentoring must be attached to application****

Amount Enclosed: \$ _____

CANCELLATIONS:

Full registration refunds will be provided for written cancellations received prior to 30-days before the Evaluation or Examination; a 25% administration fee will be applied to refunds requested after that date, however, **NO REFUNDS** will be granted less than 14-days prior to the date of the Evaluation or Examination or for no-shows. The OEF reserves the right to cancel session(s) due to unforeseen circumstances or insufficient advance registration. The OEF cannot accept responsibility for expenses incurred as a result of the cancellation of an Evaluation or Examination.

Please read the following carefully:

I do hereby release the facility at which the examination I am participating is being conducted, the course conductor and the Ontario Equestrian Federation/Equine Canada from any liability for any injuries or damage to myself, horse, or property caused while participating in this coaching examination.

Applicants Signature: _____ Date: _____

METHOD OF PAYMENT

Cheque Money Order Name on Card: _____

VISA MasterCard Card #: _____ CSV #: _____

Expiry: _____ Signature: _____

Return this application to: **Ontario Equestrian Federation** 9120 Leslie Street, Suite 203
Richmond Hill, Ontario L4B 3J9 or fax to 905-709-1867