

**CAMPBELL RIVER TRAIL RIDERS**  
**“ FOR THE LOVE OF HORSES “**  
**A COMMUNITY ORGANIZATION FOR EQUINE ENTHUSIASTS OF ALL AGES**  
**MEMBERSHIP APPLICATION FORM –**  
**CURRENT YEAR AS OF JAN 01.**

Family name: \_\_\_\_\_  
 Full mailing address: \_\_\_\_\_  
 Phone # 250- \_\_\_\_\_ Cell # 250- \_\_\_\_\_ email: \_\_\_\_\_

	NAME	B/D 18 and under	HCBC #	EC#
Sr.				
Sr.				
Jr.				
Jr.				
Jr.				

- Jr. 18 and under \$ 45.00
- Senior membership \$ 65.00
- family membership \$ 100.00
- Every rider must have horse council membership
- Equine Canada membership is only needed for bronze level shows
- English shows ( Discovery level )
- Gymkhana shows nil
- Dressage shows ( bronze level )

	X	cost	pd by Chq.#	cash / amount
Jr. 18 and under		\$ 45.00	#	
Sr. 19 and over		\$ 65.00	#	
Family membership		\$100.00	#	

In order to run a successful club, we need participation .  
**RIDERS AND PARENTS: CRTR is a non-profit organization run by volunteers.**  
**CRTR NEEDS the volunteer services from riders and parents /spouses. Please**  
**Watch for emails and check the CRTR web site for ways you can become involved and**  
**contribute to the success of your club.**

**Release Form**

I sign this wavier for the CRTR at my own risk and subject to the rules of the show and / or clinic /and agree to be bound thereby. I agree to make no claims against the show / clinic committee, the CRTR , the clinician or any other official connected with the show /clinic if any damage be occasioned to or loss occur to any equipment or animal, or accident or injury to any rider which I may send to the show or clinic . The undersigned Owner, rider, parent , guardian hereby acknowledges and agrees to accept all risk for equestrian activities at the facility designated by the club and wavier any claim for personal injury or loss incurred on those premises. Participants Are advised to provide their own insurance for all risks and negligence.

**I further certify that I have read all instructions and will comply.**

**Please initial here that you have read this form and understand it.** \_\_\_\_\_

**All Members signatures** \_\_\_\_\_

**Signature of parent / guardian (if junior rider )** \_\_\_\_\_

**DATED :** \_\_\_\_\_

PLEASE MAIL FORM TO :  
 CRTR P.O. BOX 20077  
 CAMPBELL RIVER , B.C. V9W-7Z5