



RIDER # _____
 (Office use only)

2017 "TRILOGY" MEMBERSHIP APPLICATION FORM

TRILOGY membership entitles the member to attend any or all of the five (5) Trilogy shows scheduled for 2015. The member will accumulate points for each ribbon earned from all shows. The member who accumulates the most points in their division over the season will be presented with the "TRILOGY 2017 DIVISION HIGH POINT CHAMPION" ribbon and prize at the final show of the season.

Price of membership: **\$10.00 before May 1** (____)
 \$15.00 after May 1 (____) **or with show entry**

Rider Name: _____ **2017 OEF #:** _____
(Please attach copy)

Mailing Address: _____
Street, and City Postal code

Date of Birth: (dd/mm/yy): _____ Email : _____

Telephone #: _____ Alternate # : _____

Rider Signature: _____

****IF UNDER 18 YEARS OF AGE, THE SIGNATURE OF PARENT/GUARDIAN IS REQUIRED****

*Parent/Guardian Name (Please Print): _____

*Signature of consenting Parent/Guardian: _____

TERMS AND CONDITIONS:

1. All Riders **must** be members of the Ontario Equestrian Federation (OEF). Please attach a copy of your 2017 membership cards!
2. Please ensure your application is filled in properly. Applications will not be accepted without proper signature(s).

Please send this form with payment to:

TRILOGY Registration: c/o Susan Laverty, 384 Cosh's Road, RR # 1 Bobcaygeon, ON K0M 1A0

Please make cheques payable to: TCTS

NOTE: NSF cheques will be charged a \$45.00 administration fee!