



# VALLEY THERAPEUTIC EQUESTRIAN ASSOCIATION

## Administrative Information Form

*All information must be filled out - please print.*

### **Rider Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Tel#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of VTEA Enrolment(when did you start): \_\_\_\_\_

### **Parent/Guardian Information:**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Tel#: \_\_\_\_\_

Alternate Tel#: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Occupation(s): \_\_\_\_\_

Company(s): \_\_\_\_\_

### **Sponsorship Information:**

Is the rider being sponsored for this programme?

If so, please list School/Assoc. \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name and Phone #: \_\_\_\_\_

### **Misc.**

Are you interested in assisting VTEA in any of the following areas: Yes/No

Please circle - assisting with lessons, fundraising, financial, special events, horse shows, public relations, barn/maintenance, office/admin.

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

**Date:** \_\_\_\_\_