



English Instructor/Coach Re-Test

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Please submit application by email, mail or fax.

Contact Information:

Full Name: _____ Birthdate: _____
Address: _____ P/TSO #: _____
City: _____ Postal Code: _____
Prov./Territory: _____ Medical Information (if necessary): _____
Telephone: _____
Email: _____

Re-test Information:

Please specify which level you are re-testing for:

Instructor Competition Coach

Please specify the number of components you need to re-test: _____

Please specify which components you need to re-test:

Have you reviewed these components and seeked further mentoring in these areas?

Yes No

Please state the date of your evaluation: _____

Payment Information

All Fee's are Non-Refundable - GST #12971 4697 RT0001

\$100 + GST per componet X _____ of componets = TOTAL FEES _____

Payment by Cheque/Cash/Bank Draft

Please make cheques payable to: Alberta Equestrian Federation

Payment by Etransfer will be sent

Email to info@albertaequestrian.com - Use AEF# as question and answer

Payment by Credit Card (Visa/Mastercard Card Only)

Card Number: _____

Expiry: _____ CVC: _____

Card Holder Name (print): _____

Authorizes Alberta Equestrian Federation to charge his/her/business credit card as indicated above.

Signature: _____