



Canadian Vaulting Development Program

Test Application for AB Vaulters

100, 251 Midpark Blvd SE, Calgary, AB T2X 1S3

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albertaequestrian.com

Information

Vaulting Club: _____ Coach: _____

Date of Test: _____ Location: _____

Examiner Name: _____ Phone: _____

Examiner Mailing Address: _____

Please print clearly - use additional forms if more space is needed

Vaulter Name	Mailing Address	Test(s) Requested	Fee Paid

This form and all fees must be received by the Alberta Equestrian Federation (AEF) at least one month prior to the test date. The score sheets and report form will be msent directly to the examiner. Certificates and medals/badges will be mailed by the AEF to successful applicants following submission of the report form by the examiner.

Submit the completed application package, along with payment of fees to:

Alberta Equestrian Federation

Attention: Coaching

100, 251 Midpark Blvd SE

Calgary, AB T2X 1S3

Fax: 403-253-4411 Email: coaching@albertaequestrian.com

Payment

Fees: _____ GST (5%): _____ Total: _____

Cheque Number: _____

Please make cheques payable to: Alberta Equestrian Federation

Visa/Mastercard Card Number: _____

Expiry: _____ CSV: _____

Card Holder Name (print): _____

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

Signature: _____

Program is run in partnership with Alberta Equestrian Vaulting Association