



# EQUESTRIAN DEVELOPMENT PROGRAMS HOST APPLICATION FORM



## HOST DETAILS

Date of Application: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

Location/Facility: \_\_\_\_\_ Evaluator: \_\_\_\_\_

\_\_\_\_\_ Co-ordinator: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Province/Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Discipline: English Western Drive

Tel (W): 1 ( ) \_\_\_\_\_ Tel (C): 1 ( ) \_\_\_\_\_

Tel (H): 1 ( ) \_\_\_\_\_ Fax: 1 ( ) \_\_\_\_\_

Candidate Applications Attached (Signed): Y N Membership Forms and Fees Attached: Y N

## CANDIDATE DETAILS

| Levels   | # of Candidates | Candidate Names |
|----------|-----------------|-----------------|
| Level 1  |                 |                 |
| Level 2  |                 |                 |
| Level 3  |                 |                 |
| Level 4  |                 |                 |
| Level 5  |                 |                 |
| Level 6  |                 |                 |
| Level 7  |                 |                 |
| Level 8  |                 |                 |
| Level 9  |                 |                 |
| Level 10 |                 |                 |

## P/TSO USE ONLY

P/TSO: \_\_\_\_\_ Admin Name: \_\_\_\_\_

Current NCCP Certified Coach approved: \_\_\_\_\_

Candidate P/TSO Memberships Verified: \_\_\_\_\_ Written Tests Sent: \_\_\_\_\_

After Evaluation: Individual Summary of Marks Returned to P/TSO: \_\_\_\_\_

Master Summary of Marks Returned to P/TSO: \_\_\_\_\_

P/TSO issues certificates and returned individual summary of marks to candidates within 30 days: \_\_\_\_\_