

2015 CIEC Athlete Declaration of Intent

Competition Discipline: Dressage <input type="checkbox"/> Jumping <input type="checkbox"/> Reining <input type="checkbox"/>		
Athlete's Name:	Athlete's Signature:	Date of Birth: YY/MM/DD
Parent or Legal Guardian's Name (if competitor is under 18):		Parent or Legal Guardian's Signature:
Address:		
Home Phone:	Cell Phone:	Email:
AEF Membership Number:	EC Sport Licence Number:	

I hereby "Declare my Intent" to qualify to compete as a member of the Team Alberta at the **2015 Canadian Interprovincial Equestrian Championships** being held at Wesley Clover Parks in Ottawa ON, from September 25-27, 2015. If selected as part of Team Alberta, I understand this requires a considerable commitment. It is my responsibility as a team member to pay an athlete fee of \$1,000.00, which shall be applied toward costs associated with the leased horse fee and support team. The Athlete Fee is payable to the Alberta Equestrian Federation (AEF) once athletes have been selected and confirmed their intent. The AEF will be supporting Team Alberta by paying the costs of travel and accommodations from September 22nd to September 27th, 2015, entry fees, stall fees, horse feed/bedding, team clothing, CIEC banquet and provide EC certified Coaches and Chef d'Equipe for the Team.

I, _____ the Athlete, hereby declare that I have qualified for the CIEC according to the published 2015 CIEC Technical Package and AEF Team selection criteria. I understand I must submit this declaration to the AEF office prior to but **no later than 4:30pm, Monday, May 29th, 2015**, to be considered for Team Alberta selection. I understand that I am also responsible to submit my show results for 2015, **by July 27th 2015**. I am aware that the applications will be evaluated by a selection committee and athletes will be notified, if chosen, on or before **August 14th, 2015**. Furthermore, I agree that if selected to compete for Team Alberta at the 2015 CIEC in Ottawa, I will submit the athlete fee of \$1,000.00 payable to the AEF no later than 4:30 pm on **August 21st, 2015** by bank draft, money order, e-transfer, Visa or MasterCard.

Athlete Signature:		Date:
Parent or Legal Guardian's Signature:		Date:
Trainer Name:	Trainer Signature:	Date:
As Trainer, do you intend to travel to the competition? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Please mail or email the completed form to:

Alberta Equestrian Federation
Canadian Interprovincial Equestrian Championships Committee
100, 251 Midpark Blvd SE
Calgary, AB, T2X 1S3
Phone: (403) 253-4411 / 1-877-463-6233 / Fax: (403) 252-5260 / competitions@albertaequestrian.com