



COMPETITION APPLICATION FORM NEW BRUNSWICK



One Application per Competition
Gold & Platinum Competitions please also complete
Discipline specific Addendum

Bronze		Silver		Gold		Gold A		Platinum Contact EC Office ①
						Gold B H/J Only		
						Gold C H/J only		

FOR OFFICE USE: ②

Competition Number : _____
Date Received: _____
Date Acknowledged: _____

Competition Name:** ③ _____ Prize Money: (see info pkg)** ④ _____

Will take place on the following dates: ⑤ ** One Day: YES ___ NO ___ Multiple Days: YES ___ NO ___
One Day ___/___/___ (mm/dd/yy) Multiple Day: Start Date: ___/___/___ Finish Date ___/___/___

Competition Location Name & Address: ** _____

Competition Website: ⑥ _____ Competition Phone: _____

I will be accepting ONLINE Entries**: ⑦ YES ___ NO ___

Competition Venue confirmed:** ⑧ YES ___ NO, Still in Negotiations _____

If no, use EC Modification Form to advise EC when the venue is confirmed.

Discipline/Breed:** ⑨ _____

Divisions Offered:** _____
(see list of options in Information Package. For Dressage identify highest test level of regular tests)

From the Competition Administration Policy (CAP Feb. 5, 2009) ⑩

3.4."Licensing will be withheld from any annual competition that has been identified by the PSO and /or the National Discipline Committee and / or the Breed Sport Committee or their designates as having outstanding issues. Such outstanding issues may be financial, safety or failure to comply with the Equine Canada Results Input Tool Policy (see 6.4) or any other issued that may be deemed prejudicial to the best interest of the sport."

"Equine Canada licensed competitions are granted, on the condition, that licensed competitions will follow the Rules of EC, the CAP policy, and any other procedures or timelines set forth by Equine Canada or the National Discipline/ Breed Sport Committee and its designates"

Please ensure that all information is complete and signed by the EC Sport License holder accepting responsibility for the conduct of the competition – for information see Competition Administration Policy (CAP) 5.1.2.⑪

** ⑫

Name of the Equine Canada Sport License holder accepting
Responsibility: _____ Sport Lic #: _____

COMPETITION MANAGER : _____ PHONE : _____

MANAGER ADDRESS: _____ CITY, PROV. : _____ PC : _____

MANAGER EMAIL ADDRESS: _____ FAX. : _____

COMPETITION CONTACT: (name of person to whom all correspondence will be sent): _____

PHONE: _____ BUS. : _____ CELL: _____

CONTACT ADDRESS: _____ CITY, PROV. : _____ PC : _____

CONTACT EMAIL ADDRESS: _____ FAX : _____

PLEASE NOTE: Spaces marked with **MUST be filled in for the application to be accepted. Incomplete application forms will not be accepted. ⑬

Application forms for a competition with outstanding issues from a previous year will not be approved for license. Competition Applications must be received a minimum of 2 months prior to the competition date. ⑭

For use in NEW BRUNSWICK. Bronze, Silver or Bronze/Silver Applications including Guest Cards should be sent to New Brunswick Equestrian Assoc., with all fees payable to NBEA. Gold, Bronze/Gold, Silver/Gold and all Eventing competition Applications including Guest Cards should be sent to Equine Canada, with all fees payable to EC.

COMPETITION OFFICIALS

Please Note: Additions or Changes to this are to be submitted on EC Modification Form

If an official is not working the ENTIRE competition please note dates or times involved.

JUDGE (S) – Credentials (EC, USEF, FEI, Other), Divisions. If more space is necessary please add an additional sheet.

Name	Credentials	Divisions		Name	Credentials	Divisions
1.				5.		
2.				6.		
3.				7.		
4.				8.		

COURSE DESIGNER (S) ⑮

Name	Credentials	Divisions		Name	Credentials	Divisions
1.				3.		
2.				4.		

GUEST CARDS - ⑯ \$30/each *Cards will not be approved without payment (General Regulations A 1310)*

Official to be Guest carded	Credentials	For the following Divisions	Cheque Attached or Credit card *see payment details below
1.			
2.			
3.			

STEWARD (S)/ TECHNICAL DELEGATE (S) ⑰

Name	Credentials	Divisions		Name	Credentials	Divisions
1.				3.		
2.				4.		

GROUND JURY ⑱ (Must be completed for Eventing)

President	Member	Member

OFFICIALS ⑲ (Other than those noted)

Name	Credentials	Divisions/Responsibilities

VETERINARIAN/EMERGENCY SERVICES & MEDIC ⑳

Veterinarian Name	Telephone	Medic/Emergency Services	Telephone
Email:		Email:	

DECLARATION** ㉑

This is to certify that the rules of Equine Canada & the Equine Canada Competition Administration Policy will govern all classes at the above named competition and that the prize monies at this competition are: \$ _____, and is within the limits of a _____ (SEE DISCIPLINE CHART in the EC Competition Information Package) competition as per the current EC competition structure and the competition license fee is \$ _____ (see Information sheet – Licensing Fees – section 'G').

Signature : _____ Sport License # _____ Date : _____

METHOD OF PAYMENT: ** ㉒ Visa MasterCard Cheque Money Order

Make cheques payable to: **NBEA** (Silver, Bronze) or **Equine Canada** (Gold, Bronze/Gold, Silver/Gold)

NAME ON CARD: _____

CARD NUMBER: _____ - _____ - _____ - _____

EXPIRY DATE: ____ / ____ CSV#: ____

CARDHOLDER'S SIGNATURE _____

Cheque enclosed.

I authorize the following amount to be charged to my credit card:

LICENSE FEE: \$ _____ Guest Cards : \$ _____

Total Amount : _____