



NCDCTA Junior Club
Member Information Form



Last Name: _____ First Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Age: _____ Date of Birth: _____

Email: _____

Parent / Guardian Name: _____

Parent / Guardian Phone: _____

In case of an emergency please contact: _____

Phone#: _____

Please list any medical conditions we should be aware of (allergies, asthma etc.).

Do you have riding experience? _____ if yes, describe _____

Do you have your own horse? _____

Primary Interest: _____ Dressage _____ Eventing _____ Showing
(mark all that apply)

_____ Volunteering _____ Horse Care