



Athletic Equestrian League

PO Box 595

Etna, NH 03750

www.athleticequestrian.com

Athletic Equestrian League Club Membership Form 2013-2014

Club Name:		
Club Coach:		
Club Contact Email:		
Club Address:		
City/Town:	State:	Zip:
Club Phone Number:		
Club Website:		

Please enroll _____ as a member of the AEL for the 2013-2014 year. Enclosed is a check in the amount of \$200.00 for annual Club membership dues in the AEL. The undersigned affirms that the Club has designated the person named below (“Club Coach”) to act for and on behalf of the Club in all matters pertaining to its membership in the AEL. If accepted as an AEL Club Member, the Club agrees that membership in the AEL constitutes an agreement and affirmation that each of its athletes, coaches and trainers shall accept and abide by the AEL Rules, that each athlete is eligible as entered, and that they will accept as final any ruling of the AEL with respect to their conduct.

Club Coach Signature: _____

Print Coach Name: _____

Date: ___ / ___ / ___