



Athletic Equestrian League

PO Box 595

Etna, NH 03750

www.athleticequestrian.com

Athletic Equestrian League Individual Membership Form 2013-2014

Athlete Name:

Athlete Date of Birth:

Athlete Grade:

Club Name:

Athlete Email:

Athlete Address:

City/Town:

State:

Zip:

Athlete Phone Number:

Parent Name:

Parent Address:

City/Town:

State:

Zip:

Parent Email:

Please circle one:

Beginner Flat & Ground Poles

Advanced Beginner Flat & Fences

Novice Flat & Fences

Intermediate Flat & Fences

Open Flat & Fences

If accepted as an AEL member, the below signed Athlete and Parent agree that membership in the AEL constitutes an agreement and affirmation that they shall accept and abide by the AEL Rules, that the Athlete is eligible as entered and they will accept as final any rulings of the AEL with respect to their conduct. Enclosed is a check in the amount of \$30.00 for annual individual membership dues in the AEL.

Athlete Signature: _____

Parent Signature: _____
Parent/Guardian(if Athlete is under 18)

Date: ___/___/___