

Canadian Vaulting Development Program

Test Application for BC Vaulters

Vaulting Club _____ Coach _____

Date of Test: _____ Location _____

Examiner Name _____ Phone _____

Examiner Mailing Address _____

Please Print Clearly – use additional forms if more space is needed

Vaulting Name	Mailing Address	Test(s) Requested	Fee Paid

This form and all fees must be received by Horse Council BC at least one month prior to the test date. The examination package with score sheets, badges/medals and report form will be mailed directly to the examiner. Certificates will be mailed by Horse Council BC to successful applicants following submission of the report form by the examiner.

This form and payment of fees should be submitted to:

Horse Council BC Manager of Coaching & Education
27336 Fraser Highway
Aldergrove, BC V4W 3N5
1-800-345-8055 Fax: 604-856-4302

Cheques payable to Horse Council BC

Visa Mastercard Fees _____ GST (5%) _____ **Total** _____

Card # _____ Exp (mm/yy) _____

Card Holder's Name (please print) _____

Card Holder Signature _____