



RIDE & DRIVE PROGRAM

Affidavit

NAME: _____ HCBC NUMBER: _____

ADDRESS: _____ CITY: _____

PROVINCE: British Columbia POSTAL CODE: _____

PHONE: _____ EMAIL: _____

Reward Levels

Please check () the accumulated number of hours you have logged.

25 hours <input type="checkbox"/>	500 hours <input type="checkbox"/>	2000 hours <input type="checkbox"/>
50 hours <input type="checkbox"/>	750 hours <input type="checkbox"/>	3000 hours <input type="checkbox"/>
100 hours <input type="checkbox"/>	1000 hours <input type="checkbox"/>	4000 hours <input type="checkbox"/>
250 hours <input type="checkbox"/>	1500 hours <input type="checkbox"/>	5000 hours <input type="checkbox"/>

Please email scanned pages *or* spreadsheet files with this affidavit to recreation@hcbc.ca,
or supply copies of the daily logs for the hours you are submitting and send in with this Affidavit to:

Recreation, Horse Council BC, 27336 Fraser Highway, Aldergrove, BC V4W 3N5 Fax: (604)856-4302

This is my affidavit that I have obtained (an additional) _____ hours of riding or driving.

Accumulated Total: _____ As of (date): _____

Member Signature: _____ Date: _____

(Witness required if logging hours in Equine Companion and not submitting original or copied pages)

Witness Signature: _____ Witness Name: _____

Witness Phone Number: _____