



**Bergen
Equestrian
Center**

IEA Team Registration

Rider Name: _____

Date of Birth: _____ **Grade (Sept.):** _____

Parent Name: _____ **Phone:** _____

Preferred Email: _____

Rider Phone: _____ **Email:** _____

Current riding proficiency (Y/N): trot ____ canter ____ jump ____ if yes, height ____

Is rider interested in joining?: IEA Hunt seat / IEA Dressage / both / Adult Hunt Seat

Can rider tack horse on his/her own? Y / N

Describe riding experience and goals: _____

Availability: Tuesday evenings ____ Thursday evenings ____ Friday evenings ____

Saturday afternoons ____ Sunday AM/PM ____ OTHER _____

Is rider interested in competing in horse shows? Y / N

Has rider competed in recognized competitions? Y / N if yes, jump height? ____ year? ____

Has rider competed in IEA shows? Y / N if yes, which classes? _____ season? _____

PLEASE CONTACT Sabrina for more info about joining - 917 533 5722 - BECShowteam@gmail.com