



ATHLETE DECLARATION OF INTENT

Form must be completed and signed prior to your first qualifier and return to Cheval Quebec with a non-refundable \$25 fee.

(One form per horse/athlete combination)

Date:	\$25 Fee ☐ Cheque enclosed ☐ Visa/MC			
Athlete's Name:	Date of Birth: YYYY/MM/DD		Parent or Legal Guardian's Name (if athlete is under 18):	
Mailing Address:				
Home Phone:		Cell Phone:	Cell Phone:	
Email Address:				
Cheval Québec #	uébec#		Coach Name:	
EC Sport License #	Coach e-		nail:	
riteria in order to compete in the me	adi Ciuss.			
Athlete Signature:			Date:	
Parent or Legal Guardian's Signature:			Date:	
Please remit completed form with payment to:		Cheval Québec 4545, avenue Pierre-De Coubertin Montréal (Qc) H1V 0B2 matrottier@cheval.quebec		
Cardholder's Name:		Signature:		
Visa/MasterCard:		Expiry Dat	re:/	
All fees are non-refundable				

















