

2017 Club Executive Listing
All pages (3) of this form must be completed and returned to Manitoba Horse Council

Application Checklist  Have you included the following re  Completed Equestrian/Hor	equired documents with your app rse Club Liability Application	olication? :
Completed Club Executive List of ALL club members -	Listing	irth and MHC membership number (see
attached form) List of <b>ALL</b> club coaches – F number (optional) (see atta	<del>-</del>	Sport number (mandatory) and NCCP
	/events for inclusion on the Cale	endar of Events at
To be available upon request:  Copy of the Club's constitu Copy of last fiscal year's fir List of activities/events in	nancial statement	
Contact Information		
<ul> <li>Clubs are responsible for n</li> </ul>	, , , ,	the contacts listed below. Failure to do so ner correspondence being sent to the
MHC communicates with it	the following pages (2 & 3) to en	se provide a CURRENT EMAIL ADDRESS sure your club receives notices of
Club Information on the MHC Webs All MHC member clubs will be liste club to be listed with contact detail	ed on the MHC website (www.ma	nitobahorsecouncil.ca). If you wish your
Club website address:		
Phone contact:	Email cont	act:
☐ This club does not wish to h	nave its title or any details listed	on the MHC website
MHC Club Membership Fee is a	as follows:	
<ul> <li>MHC Club Membership: \$3</li> <li>Club Pac Insurance Covera</li> <li>Recommended Full MHC C</li> </ul>	age: \$300.00	o Membership <i>and</i> Insurance): \$650.00
Note: In the case that the club alreis to be provided with the MHC Clu	•	ertificate providing proof of such insurance
Club Membership Payment Inform		
☐ I have enclosed a cheque for: \$	made payable to Man	itoba Horse Council.
☐ I would like to pay by ☐Visa or ☐Master	rCard. Card Number	Expiry Date:
Name on card	CCID#	Signature



NAME (TITLE) OF CLUB	3:	
NATIONAL ASSOCIA	ATION (If Applicable):	
	nks legibly to assist the office in contacting you.	
PRESIDENT:		
Phone:	Alternate Phone:	
Address:		
City/Town:	Postal Code:	<b>-</b>
E-MAIL		
MHC CLUB REPRESENTAT	IVE (primary contact)	
Phone:	Alternate Phone:	<del></del>
Address:		
City/Town:	Postal Code:	
E-MAIL		<del></del>
ALTERNATE MHC CLUB RE	EPRESENTATIVE:	
Phone:	Alternate Phone:	
Address:		
City/Town:	Postal Code:	
E-MAIL		<del></del>
SHOW SECRETARY:		
	Alternate Phone:	
Address:		
City/Town:	Postal Code:	
E-MAIL		<del> </del>

Please complete page 3 overleaf 🕏

Phone:	Alternate Phone:	
Address:	<del></del>	
City/Town:	Postal Code:	
E-MAIL		<del></del>
COACH/ATHLETE DEVELOPMENT RE	PRESENTATIVE:	
Phone:		
Address:		
City/Town:		
E-MAIL		
(PLEASE INDICATE BY TICKING HERE IF YOU		<u> </u>
Phone:		
Address:		
City/Town:	Poetal Cada:	
E-MAIL		· · · · · · · · · · · · · · · · · · ·
E-MAIL	the bingo program must identify a	n active Bingo
All member clubs that participate in Representative. Bingo Reps must re	the bingo program must identify a ad the information enclosed in Clucker clinic support) cheques be sent? F	n active Bingo b Information regarding their