

## **EQUESTRIAN DEVELOPMENT PROGRAMS**HOST APPLICATION FORM



ipline to be Evaluated	
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. of Amaliantian.	
e of Application:	
rdinator name:	
rdinator's email:	
lity Name:	
lity Contact's Phone #	
lity Mailing Address:_	Postal Code
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NITOBA HORSE CO	ary of
r	Office

MANITOBA HORSE COUNCIL INC.

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