



**2018-2019 IELTRAINER/BARN MEMBERSHIP FORM**

**Please fill out this form completely. Use additional pages as needed.**

Scan the printed and signed form and email it showsecretary@theiel.org

**BARN NAME** \_\_\_\_\_

**Mailing Address:**

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Principal Trainer Information:**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Please list additional trainers that an IEL rider may train under, include contact information.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Rider Information:**

Name: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_

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Name: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_

By signing this form I acknowledge that I have read the 2018-2019 IEL Rules, Policies, and Procedures (Available on line at theiel.org). And acknowledge that horses brought on the show grounds are to be current on vaccinations for Equine Influenza Virus and Equine Herpes Virus (Rhinopneumonitis). Vaccine records for my animals will be made available on the day of the show if requested.

**Principal Trainer:** \_\_\_\_\_ **Date:** \_\_\_\_\_