



STABLE SUBMISSION FORM

Stable Name: _____

Stable Owner(s): _____

Mailing Address: _____

City: _____ Province: ____ Postal Code: _____ Fax: _____

Nearest town or city & directions if different from above: _____

GPS or Latitude & Longitude for online mapping: _____

Phone: _____ Website: _____

E-mail: _____

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

Print Name: _____

Please return the completed ASA **Participant Registration Form, \$95.00 Fee** and **Directory Information Checklist** to:

<p>Alberta Stables Association c/o Heather Matheson-Bird Site 21, Box 15, RR 2, Cochrane, AB, T4C 1A2 Telephone: (403) 554-7542 www.findalbertastables.ca</p> <p>Heather Matheson-Bird, Alberta Stables Association Administrator Email: heather@findalbertastables.ca</p>

Please make cheques payable to The Alberta Stables Association

Web Directory Information Checklist

Check here if nothing has changed or select items in each category that apply to your facility.

EQUESTRIAN	
Disciplines: <input type="checkbox"/> Western Riding <input type="checkbox"/> Reining <input type="checkbox"/> Cattle Events: _____ <input type="checkbox"/> Rodeo <input type="checkbox"/> Drill Team <input type="checkbox"/> Speed events <input type="checkbox"/> 4-H <input type="checkbox"/> Recreational <input type="checkbox"/> English Riding <input type="checkbox"/> Eventing <input type="checkbox"/> Dressage <input type="checkbox"/> Show Jumping <input type="checkbox"/> Hunter <input type="checkbox"/> Pony Club <input type="checkbox"/> Saddle Seat <input type="checkbox"/> Sidesaddle <input type="checkbox"/> Vaulting <input type="checkbox"/> Polo or Polocrosse <input type="checkbox"/> Driving <input type="checkbox"/> Endurance or Competitive Trail <input type="checkbox"/> Breed/Open Showing Ex. AQHA, Riding Org. <input type="checkbox"/> Racing <input type="checkbox"/> Thoroughbred <input type="checkbox"/> Standardbred <input type="checkbox"/> QH/Paint/Arab	Services: <input type="checkbox"/> Lessons <input type="checkbox"/> School horses <input type="checkbox"/> Therapeutic Riding <input type="checkbox"/> Training <input type="checkbox"/> Boarding <input type="checkbox"/> Indoor <input type="checkbox"/> Paddock <input type="checkbox"/> Pasture <input type="checkbox"/> Lay-up <input type="checkbox"/> Retirement <input type="checkbox"/> Stallion handling <input type="checkbox"/> Sales <input type="checkbox"/> Broker <input type="checkbox"/> All-Round <input type="checkbox"/> Prospects <input type="checkbox"/> Performance <input type="checkbox"/> Breeding Breed (s): _____ <input type="checkbox"/> Mare care <input type="checkbox"/> Hand breeding <input type="checkbox"/> A.I. <input type="checkbox"/> Pasture breeding <input type="checkbox"/> Frozen semen <input type="checkbox"/> Embryo Transfer/ Surrogate <input type="checkbox"/> Certified Instructor/Coach: _____ <input type="checkbox"/> Trail riding <input type="checkbox"/> Competitions <input type="checkbox"/> Clinics <input type="checkbox"/> Arena rental <input type="checkbox"/> Other: _____
TRAIL RIDING	
<input type="checkbox"/> Hourly <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	<input type="checkbox"/> Overnight <input type="checkbox"/> Guided rides <input type="checkbox"/> Unguided rides
GUIDING & OUTFITTING	
<input type="checkbox"/> Tent accommodation <input type="checkbox"/> Cabin accommodation <input type="checkbox"/> Horse provided <input type="checkbox"/> Bring your own horse	<input type="checkbox"/> Hunting <input type="checkbox"/> Fishing <input type="checkbox"/> Pack Horses <input type="checkbox"/> Other activities and/or facilities: _____
CAMPS	
<input type="checkbox"/> Overnight <input type="checkbox"/> Day <input type="checkbox"/> English <input type="checkbox"/> Western	<input type="checkbox"/> Adult <input type="checkbox"/> Youth <input type="checkbox"/> Horses provided <input type="checkbox"/> Bring your own horse
RETIREMENT/RESCUE	
<input type="checkbox"/> Retirement <input type="checkbox"/> Rescue/Fostering	<input type="checkbox"/> Adoptions <input type="checkbox"/> Sponsorship eligible (registered charity / non-profit)
MAIN TYPE(S) OF FACILITY	
<input type="checkbox"/> Equestrian <input type="checkbox"/> Trail Riding <input type="checkbox"/> Guiding & Outfitting <input type="checkbox"/> Camp <input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Year-round <input type="checkbox"/> Seasonal: From _____ To _____ <input type="checkbox"/> Bed, Bale & Breakfast <input type="checkbox"/> Retirement/Rescue <input type="checkbox"/> Other: _____

If there are any additional services that you provide please include them on a separate page