



Michigan Fox Trotter Association, Inc.



YOUTH PROGRAM SIGN-UP FORM

Return with Fee by May 30, 2006

Name		
Address		
City, State, Zip		
Phone		
E-Mail		
Parents Name		
Horse Name	Barn Name	
Reg. Number		
Division Check One	TRAIL <input type="checkbox"/>	SHOW <input type="checkbox"/>
MFTA Membership Single \$15.00	MFTA Family Membership \$20.00: Name of member:	
Program Fee \$15.00	Shirt size SM Med LG XL youth or adult	Horse blanket size _____
Under the Michigan Equine Activity Liability Act, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity (PA 351 of 1994)		
I give my permission for my child _____ to participate in the Michigan Fox Trotter Association Youth Program.		
Parent or Guardian Signature _____		Date _____
Send to: Michigan Fox Trotter Association Inc. Youth Program 1759 Benton Rd. Charlotte, Michigan 48813		
Visit our web site at www.michfoxtrotters.com		
For Office Use Only		
Date Received	Type of Payment	Amount Received
Check Number	Trail Division	Show Division