



**OTHER STAFF AND VOLUNTEERS:** *(Please do not count the same person in more than one category)*

TYPE	NUMBER	PAID	VOL.	JOB DESCRIPTION	
				YES	NO
Board of Directors					
Committees					
Administration					
Facility					
Fundraising/Marketing/Events					
Other (specify)					

**PROGRAM PARTICIPANTS:**

*Number of Riders/Clients in BUSIEST Season:*

Up to 10 yrs.	11-18 yrs.	19-55 yrs.	Aged 56+

*Disabilities served (check if YES):*

Physical	
Developmental	
Mental Health	

**PROGRAM ACTIVITIES/MONTHS OF OPERATION** *(Please check all that apply):*

MONTH	RIDING LESSONS	DRIVING	HIPPO-THERAPY	VOLTIGE	COMP-ETITION	CAMP	OTHER (LIST)
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							

**INSURANCE:** (Insurance is not provided to provisional centres. All provisional centres must provide proof of insurance with 5,000,000 liability with CanTRA named as additionally insured).

*Accredited centres meeting the requirements of CanTRA’s Risk Management Standards have the option of participating in CanTRA’s Liability and Accident Insurance Policy (policy year runs from June 1<sup>st</sup> - May 31<sup>st</sup>)*

Upon approval, our centre wishes to participate in the CanTRA Liability and Accident Insurance Policy

Pool Use:  Our Centre **does not** have a pool that is used in our program

Our Centre **does** have a pool that is used in our program

We meet all provincial and Ministry of Health guidelines and have included verification of this.

Additional Insurance:

If property is owned by the centre: Our centre has additional premises liability coverage for commercial operations insurance; proof of coverage is enclosed.

Our centre will obtain insurance elsewhere. Name of Company: \_\_\_\_\_

*(Please enclose a copy of the certificate)*

**PROVISIONAL MEMBERSHIP PAYMENT INFORMATION**

**Fee Calculation:**

<b>Provisional Centre membership per year</b>	= \$	150.00
<b>Rider fee (number of riders/clients x \$5.00/person)</b>	= \$	_____
<b>Accreditation fee</b>	= \$	100.00
<b>TOTAL</b>	\$	_____

**Payment Method:**  Cheque  Money Order  VISA  MasterCard

**Credit Card Information**

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**SEND FORM & PAYMENT TO: CanTRA, 5420 Hwy. 6 North, Suite R.R. #5, Guelph, ON, N1H 6J2**  
**Tel: (519) 767-0700 Fax: (519) 767-0435**

***PAYMENT MUST BE RECEIVED WITH APPLICATION***

Completed By (Please Print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

