

Application for CanTRA Provisional Centre Membership CanTRA's membership year runs from January 1st to December 31st each year.

All new CanTRA centres begin as Provisional Members for up to a maximum of two years. During this time, CanTRA is available to assist developing centres with instructor certification, educational resource materials. A Risk Management Evaluation will be scheduled following receipt and review of this application.

Centre Contact Information (This information will be posted on CanTRA's web site and published contact lists.)

Name of Centre:							
Contact at Centre:							
Contact's Title:							
Mailing Address:							
Waning Address.							
Location of Property if							
Different from Mailing							
Address:							
Telephone:							
Fax:							
E-mail:							
Web Site:							
Centre Description for							
CanTRA Website							
(up to 25 words):							
A	dditional	Informatio	on (For C	CanTRA offic	e use only)		
Name of President:							
President's Address:							
Trestant s radiess.							
Telephone (H):							
Telephone (W):							
Fax:							
E-mail:							
Head Instructor*:							
Head Instructor's Title (if other than "Head Instructor")							
ORGANIZATIONAL STATU	JS:						
☐ Registered Charity ☐ Re	gistered No.	n-Profit		poration	☐ Privately Own	ed	
FACILITIES USED:							
☐ Owned by Centre N	o. of Acres:						
☐ Rented/Leased by Centre N				wner Name:			
☐ Used at no cost to Centre N					ss:		
HORSES USED:							
	Number:		0	NT			
•	Number: _		Owner				
Used at no cost to Centre	Number:		Owner	Name:			
INSTRUCTORS:							
NAME	CERTIFICATION						VOL.
	CTRBI	CTRII	CTRSI	CanTRA	Hippotherapy		
				Coach	(AHA cert.)		
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OTHER STAFF AND VOLUNTEERS: (Please do not count the same person in more than one category)

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

PROGRAM PARTICIPANTS:

Number of Ric	11-18 yrs.				sabilities serve	<u> </u>	
Up to 10 yrs.	11-18 yrs.	19-55 yrs	s. Aged 56+	_	nysical		
				D	evelopmental		
				M	ental Health		
PROGRAM A	ACTIVITII	ES/MONTHS	OF OPERATI	ON (Please c	heck all that a	upply):	
MONTH	RIDING LESSONS		G HIPPO- THERAPY	VOLTIGE	COMP- ETITION	CAMP	OTHER (LIST)
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							
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