

Saint Vincent College Equestrian Team  
Intent to Participate

*Submit this form to be notified for EQ showing team tryouts to Dr. Ent, Education Department (ground Prep hall).*

School Year:

Name:

Email:

Cell number:

Health concerns:

Emergency Contact:

*Please initial and sign below:*

Initial here:

\_\_\_\_\_ I am over 18 years of age.

\_\_\_\_\_ I have read and understand the SVC IHSA Policies posted on the <http://www.stvincentequestrian.org>

\_\_\_\_\_ I agree to participate to my best ability at all events hosted by the club and team I have enclosed \$500.00 for showing. If not, please explain:

\_\_\_\_\_ I have taken 6 or more riding lesson this past summer (letter attached). If not explain:

Signed:

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

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Office use:

Approved:

Incomplete:

Other: