



LITTLE BITS THERAPEUTIC RIDING ASSOCIATION

CanTRA Certification Registration Form – LBTRA

www.littlebits.ca or www.cantra.ca

Name: _____ Date of Birth: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Level of certification you are registering for:

- Canadian Therapeutic Riding Assistant Instructor
- Canadian Therapeutic Riding Intermediate Instructor
- Canadian Therapeutic Riding Instructor

Riding Experience and Qualifications:

- Equine Canada – English or Western Rider: Highest Rider Level achieved and year: _____
 - Equine Canada – Intermediate/Instructor Level achieved and year: _____
 - Equine Canada – Coaching Level achieved and year: _____

 - Canadian Pony Club Level Achieved and year: _____
 - Other Qualifications: Equestrian, CHA, Education, Work Experience, First Aid: _____

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Therapeutic Riding Program Experience:

Affiliated Therapeutic Riding Program: _____

Volunteered: #of hours: _____ # of weeks: _____

Please describe your volunteer activities: _____

Please explain why you would like to achieve CanTRA Certification: _____

I understand that LBTRA has agreed to sponsor the tuition fees for my application for certification at the _____ level. I also understand that I will be committed to provide LBTRA with my teaching services (for a designated amount of time) upon completion of CanTRA certification, and that if I fail to meet the commitment I will be required to reimburse LBTRA for all of the certification costs.

Signed: _____ Date: _____

Printed name: _____

Address: _____

Phone Number: _____

Witness: _____ Signed: _____
