



NCDCTA Junior Club Registration



Date: _____

Advisor One

Name: _____

Address: _____

Phone number: _____

Email: _____

NCDCTA membership number: _____

Advisor Two

Name: _____

Address: _____

Phone number: _____

Email: _____

NCDCTA membership number: _____

Location where Chapter will meet: _____

Membership Roster (include full name and Junior's NCDCTA membership number on a separate sheet of paper)

Chapter REQUIREMENTS

1. All Junior members and advisors will be current members of NCDCTA. Annual renewal is necessary to remain in the Chapter.
2. The Chapter must meet at least 6 times per a calendar year.
3. The Chapter will participate in at least one (1) age appropriate, equestrian related service project per year.
4. Individual Chapter members will annually participate in an age appropriate, equestrian related research project and present the results to the Club.
5. Chapter activities will be highlighted in an Annual Summary Report and submitted to the NCDCTA Junior Club Committee by November 1.

Advisors please sign and date

I HAVE READ AND AGREE WITH THE JUNIOR CLUB REQUIREMENTS.

Advisor One SIGNATURE:_____

Date_____

Advisor Two SIGNATURE:_____

Date_____

*Please send the completed form to:

Kris Daniel
105 Cedarwood Drive
Louisburg, NC 27549