

Canadian Belgian *Youth* Program

Name: _____

Division: *(circle one)*

Birthday: _____

Senior: Eastern Central Western
or

Address: _____

Junior: Eastern Central Western

Town Prov Postal Code

Age Groups: As of Jan 1 of current year
SR: 14-18 JR: 8-13

BIO: *(Describe a little about yourself, your show season and why you love Belgians)*

Show Name	Dates	Class Description	Placing	Judges Name

** All fields required to qualify for judging. Only Name, Town, Prov, and Bio will be printed in the Canadian Belgian Banner and posted on the Canadian Belgian website and Facebook page.*

Forms to be submitted to the Canadian Belgian Horse Association by November 10th following show season.

Canadian Belgian Horse Association
17150 10th Conc.
Schomberg, ON. L0G 1T0
905-939-1186
cbha@csolve.net