



Youth Reimbursement Form

The Youth Reimbursement Program allows for partial reimbursement of entry fees paid towards ERA-sanctioned Limited Distance and Endurance Rides for youth up to the age of 21.

Youth's Name: _____ ERA Membership Number: _____

Date of Birth(M/D/Y): _____

Address: _____ City/ Town: _____

Prov: _____ Postal Code: _____ Date: _____
(m/d/y)

- ERA Sanctioned rides only
- Fun Rides do not count
- Must be submitted by April 1

❖ PLEASE ENCLOSE COPY OF PROOF OF RIDE

Ride Name: _____	Date: _____	Miles: _____
Ride Name: _____	Date: _____	Miles: _____
Ride Name: _____	Date: _____	Miles: _____
Ride Name: _____	Date: _____	Miles: _____
Ride Name: _____	Date: _____	Miles: _____
Ride Name: _____	Date: _____	Miles: _____
Ride Name: _____	Date: _____	Miles: _____
Ride Name: _____	Date: _____	Miles: _____
Ride Name: _____	Date: _____	Miles: _____
Ride Name: _____	Date: _____	Miles: _____

Parent: _____ Signature: _____

Return to: Carole Carnahan
Box 160
Jarvie, AB T0G 1H0