COCHRANE & DISTRICT AGRICULTURAL SOCIETY

CROSS COUNTRY COURSE SIGN IN SHEET - to be completed by Instructor.

Instructor:				Date:		
Rider Name	CDAS Waiver Signed Y/N	Certified Helmet & Vest Y/N	Cochrane Horse Trials Comm. Member Y/N	Has a Yearly Pass Y/N	Paid a Daily Fee Y/N	Office Use Only