



Tales 'n Trails E-Bulletin

2015 May Issue

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First ACTRA ride of 2015!!

Do it Again IDR

Saturday May 16th – Judging starts at 9am

Hosted by Lucy Rudge & Elwood Munroe

Stanley Mosherville Hall 346 Hwy 236 Stanley NS

[Link to map of ride location](#)

Judging begins at 9:00 am.

Placings for conditioning Sr and Jr 1-6 Placings for trail horse Sr and Jr 1-3

No frills ride, there are ACTRA placings only

Riders must belong to their provincial sport organization ie NSEF NBEA Island Horse Council etc.

Ride speed is 5 mph. This is a change from 4 mph.

CTR/IDR horses will be penalized 5 pts per leg for the wearing of leg protection. This is also a rule change.

Riders can pay their entry fee when they arrive. Please have your entry forms filled out when you arrive. They can be printed off this website. Riders must let the ride manager know by Wednesday May 13 if they are attending. All rider and horse info will be taken at that time so that the score sheets can be filled in.

Please have your mount numbers on your entry form.

Cutoff Date:

Wednesday, May 13, 2015

[Link to Ride Entry form](#) [Link to ACTRA website](#)

Contact: Lucy Rudge at phone: 902-757-3652 by email: lucyrudge@yahoo.ca or on Facebook

Meals:

Tea and coffee toast etc in the morning. Bring your own lunch and supper. The hall will be open for use and we can get together after the ride for the placings and a time for talking about the days adventures!

Extra Meals Available:

No

Stabling Available:

No

Pens Allowed:

Yes

2015 Ride Schedule

[Link to ACTRA website Calendar](#)

Date	Ride Name	Ride Type/length	Location	Details	Contact
May 16	Do It Again	IDR 15 miles	Stanley, NS	Dr. Amy Sparks	Lucy Rudge
May 30	Mud Run	LD 30 miles	Stanley, NS	Dr. Amy Sparks	Lucy Rudge, Manager Carrilee, Secretary
June 13	Glooscap	JP	Parrsboro, NS		Bertha and Gary Harrison
June 14	Glooscap	JP	Parrsboro, NS		Bertha and Gary Harrison
The Morning Sun rides are cancelled.					
July 11	Morning Sun	LD 35 miles END 50 miles	Coburg, NB		Donna Lee Cole and Terry Hale
July 12	Morning Sun	IDR 20 miles	Coburg, NB		Donna Lee Cole and Terry Hale
July 18	Red Solo Cup I	JP 20 miles	Kingston Peninsula, NB		Jody Wiggins
July 19	Red Solo Cup II	JP 20 miles	Kingston Peninsula, NB		Jody Wiggins
Aug 1	McDonalds Run	LD 25 miles END 50 miles	Wickham, NB		Jennifer and Adam McDonald
Aug 2	McDonalds Run	JP 15-20 miles	Wickham, NB		Jennifer and Adam McDonald

Aug 15	Ballahamish Rides I	CTR 30 miles IDR 17 miles	Hillgrove, NB		Pat Rideout and Jim Burns
Aug 16	Ballahamish Rides II	IDR 17 miles	Hillgrove, NB		Pat Rideout and Jim Burns
Sept 5	Maple Ridge	JP 15 miles LD 25 miles END 50 miles	1 Centreville Rd. Pictou, NS	Vet-Dr.Megan Baird Judge-Julie Fulton	Betty and Eric Dwyer 902-923-1921
Sept 19	North Mountain "Heritage" Ride	JP 18 miles	1158 Steadman Road, Centreville, NS		Janie Morse Irmgard Lipp
Oct 3	Kwagmyre Farm	CTR/IDR	St. Stephen, NB		Susan Hovey
Oct 4	Kwagmyre Farm	CTR/IDR	St. Stephen, NB		Susan Hovey

2015 Atlantic Trail Riding Association Membership*

[Link to Mount Registration numbers](#)

Single Memberships

S2015-01	Donna Davidson	S2015-41	Skjonsberg, Pearl
S2015-02	Gwenn Dexter	S2015-42	Stutely, Elaine
S2015-03	Afiena Kamminga	S2015-43	Thornton, Pam
S2015-04	Sherry Brooks	S2015-44	Trim-Tupper, Jacqui
S2015-05	Kaaren Lebert	S2015-45	Wade, Leslie
S2015-06	Claire Winchester	S2015-46	Westhaver, Darlene
S2015-07	Susan Hovey	S2015-47	Westwood, Amanda
S2015-08	Pam Rustige	S2015-48	Whelan, Heidi
S2015-09	Bev Elliott	S2015-49	Wiggins, Jody
S2015-10	Ann Bridges	S2015-50	Wile, Madison
S2015-11	Karen Jonah-Brown	S2015-51	Winchester, Claire
S2015-12	Donna Munn	S2015-52	Woodford, Lorraine
S2015-13	Pam Thornton		
S2015-14	Lynn Beazley		
S2015-15	Chester Gillan		
S2015-16	Deanna Johnston		
S2015-17	Lisa Hau Eisen		
S2015-18	Bernice Sharpe		
S2015-19	Bernadette Morton		
S2015-20	Jody Wiggins		
S2015-21	Heather Button		
S2015-22	Priscilla Scott		
S2015-23	Maureen Johnson		
S2015-24	Lorraine Woodford		
S2015-25	Irmgard Lipp		
S2015-26	Suzanne Horne		
S2015-27	Pearl Skjonsberg		
S2015-28	Chantel Skjonsberg		
S2015-29	Elaine Mahaney		
S2015-30	Leslie Wade		
S2015-31	Milligan, Bill		
S2015-32	Morse, Janie		
S2015-33	Morton, Bernadette		
S2015-34	Munn, Donna		
S2015-35	Ritcey, Pat		
S2015-36	Rustige, Pam		
S2015-37	Scott, Priscilla		
S2015-38	Shand, Margaret		
S2015-39	Sharpe, Bernice		
S2015-40	Skjonsberg, Chantel		

Family Memberships

F2015-01	Stephen, Juliette & Dustin Bulmer
F2015-02	Eric & Betty Dwyer
F2015-03	Gary & Bertha Harrison
F2015-04	Jim Burns & Pat Rideout
F2015-05	Rene Mersereau & Roy Drinnan
F2015-06	Donna Lee Cole & Terry Hale
F2015-07	April Haliburton & Vernon Leighton
F2015-08	Carrilee & Marie Eddy
F2015-09	Jean & Elliott Bridges
F2015-10	Todd, Shelley & Kathleen Schaefer
F2015-11	Jennifer & Kara McDonald
F2015-12	Lucy Rudge & Elwood Munroe
F2015-13	Troy & Tammy Beazley
F2015-14	Clayton Graham & family
F2015-15	Pam Allen-LeBlanc, Caroline & Kathleen LeBlanc
F2015-16	Nicole & Ava Lee Mattatall
F2015-17	Denise Lemay & Stephane Fournier
F2015-18	Julia & Sophia Linke
F2015-19	Patriquin-Dyke, Russlyn & David Dyke

*If you have paid for your 2015 membership but do not see your name here, please let us know. Thanks.

ACTRA Membership Form

Print page and mail to: Pam Rustige, PO Box 280 Windsor, NS B0N 2T0

Or scan and email to: members@atlanticriders.ca

NAME:

ADDRESS:

PROVINCE: POSTAL CODE:

TELEPHONE: EMAIL:

JUNIOR RIDERS IN FAMILY

NAME: BIRTHDATE:

NAME: BIRTHDATE:

NAME: BIRTHDATE:

I wish to register the following mount with ACTRA. Send copy of Registry Certificate if applicable.

MOUNT REG. NAME: BARN NAME:

BREED: AGE: SEX:

REGISTRY ASSOCIATION: NUMBER:

COLOR: MARKINGS:

MEMBERSHIP FEES:

INDIVIDUAL: \$20.00

FAMILY: \$30.00

(Family consists of 2 Adults (parents) and 2 children under the minority (19) that reside at the same residence)

MOUNT REG: \$25.00 (a lifetime fee)

TOTAL SUBMITTED: Make cheques payable to Atlantic Canada Trail Riding Association

ENTRY AGREEMENT

(Multi-Purpose Ride Entry Form)

ACTRA Sanctioned Rides

RIDE	Name	__ JP __ IDR __ CTR __ LD __ END	Distance Entering
HORSE	Name	Age	Breed
	Color	Mare Gelding Stallion	ACTRA Mount #
	Owner Name and Address		
RIDER	Name	ACTRA Mbr __ Yes __ No	Jr Sr
	Address	FOR ENDURANCE RIDES ONLY	
	Phone Number	Rider AERC # _____ Horse AERC # _____	<input type="checkbox"/> HW <input type="checkbox"/> MW <input type="checkbox"/> LW <input type="checkbox"/> FW <input type="checkbox"/> JR
EMERGENCY INFORMATION	Emergency Contact Name	Emergency Contact Phone Number	
	Arrival Vehicle Description & License Plate Number		

READ THIS CAREFULLY BEFORE SIGNING

RELEASE OF LIABILITY

I hereby release the trail ride sponsors, organizers, property owners, ACTRA and everyone else associated with this ride of any liabilities resulting from any action, damage or loss that may happen to me, my property or my horse during or after this ride. I am participating in this event with the knowledge that property owner(s) may not be carrying insurance to cover any damage which may be caused to either myself or my property.

I also understand that ACTRA's insurance policy does NOT include Third Party Liability for individual members, so therefore will not respond in the event of any action taken against me or my property as a result of my participation in this event.

Please initial the appropriate choice and provide your Membership Number from ACTRA and NSEF or NBEA or Island Horse Council or Homeowner Policy

I am an ACTRA member and I am a member of NSEF or NBEA, Island Horse Council or have a Homeowner Policy. _____

I am NOT an ACTRA member, but I have insurance through NSEF or NBEA, Island Horse Council or have a Homeowner Policy. _____

ACTRA Membership # _____

NSEF or NBEA or Island Horse Council Membership or Homeowner Policy # _____

SIGNATURE OF RIDER

DATE

SIGNATURE OF OWNER

DATE

PERMISSION FOR MINOR TO RIDE (under 16 years of age)

I hereby consent to the entry of my child _____, birth date _____ In this trail ride and certify that I have read the foregoing representations and statement and that the same may be deemed a part here of and hereby accept responsibility there under for the participation of said minor.

SIGNATURE OF PARENT OR GUARDIAN

DATE

RELATIONSHIP

Entry Fee : _____ @ \$ _____ = \$ _____ / **Cheque** _____ **Cash** _____

ACTRA Membership Fee: Single \$17.50 Family \$22.50

Revised April 17, 2012