



# Youth Development Program

## Event Participation Reporting Form

Member Name: \_\_\_\_\_ RA Membership #: \_\_\_\_\_

Branch: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Event Information

Name of Event: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Event: (Please Circle)    **SHOW**                      **CLINIC**                      **SEMINAR**

Other \_\_\_\_\_

Member Involvement: Volunteer: Number of Hours \_\_\_\_\_

### Event Secretary/Coordinator

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Points are awarded as follows:

**Branch Shows:**

**1 point/volunteer hour for  
shows, clinics, seminars**

**Classic Shows:**

**10 points/volunteer hour**

**Please complete & mail to:**

**Cheryl Mitchell**

**51062 Hwy 2 Service Rd**

**Leduc County, AB T9C 0A9**

**email: [cmitchell915@yahoo.ca](mailto:cmitchell915@yahoo.ca)**

Contact Cheryl if you want to volunteer!