Claudia Cojocar Clinic Aug. 30, 31, & Sept. 1 2019



Rider Name		Horse Name					
Address							
E-Mail Address							
Home Number	Cell Number	Cell Number					
VDRC Membership		Height / Level					
HCBC # (Mandatory)		BCHJA # (Mandatory for discount)					
	VDRC	NON-MEMBER		TOTALS			
CLINIC (1 HORSE / 1 RIDER)	\$350.00	\$400.00					
BCHJA MEMBER DISCOUNT	-\$50	-\$50					
BOX STALL (OVERNIGHT USE*)	\$20.00	\$25.00	NIGHTS X				
COVERED PEN (OVERNIGHT USE*)	\$20.00	\$25.00	NIGHTS X				
OPEN PEN (OVERNIGHT USE*)	\$10.00	\$15.00	NIGHTS X				
OFFICE FEE	\$5.00	\$5.00					
			TOTAL				
*A \$20 deposit for each stall is due upon arrival and will be returned at the end of the clinic once your stall(s) is stripped.							
Payment Enclosed: Cheque Payable to 'VERNON DISTRICT RIDING CLUB' e-Transfer to (info@vernonridingclub.com) Credit Card;VisaMastercard							
Cardholder Name: Credit Card Number: Expiration Date (mo./ yr.): CVS:							
Cardholder Signature (required)							
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PLEASE ENSURE THE FOLLOWING Following Is Completed)	G IS ENCLOSED / E-I	MAILED (Applicatio	n Will Not Be Accept	ed Until Each Of The			
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Following Is Completed)	ensure all boxes in fire	st table completed (BCHJA optional)	ed Until Each Of The			
Following Is Completed) Completed registration form (ensure all boxes in firs umber. Membership w	st table completed (BCHJA optional)	ed Until Each Of The			
Following Is Completed) Completed registration form (Horse council membership no	ensure all boxes in firsumber. Membership with the Registration	st table completed (ill be checked to en	BCHJA optional)	ed Until Each Of The			