

Andrea Strain clinic

September 13th to 15th, 2019

VERNON DISTRICT RIDING CLUB



Rider Name	Horse Name
Address	
E-Mail Address	
Home Number	Cell Number
VDRC Membership	Height / Level
HCBC # (Mandatory)	BCHJA # (Optional)

	VDRC	NON-MEMBER		TOTALS
CLINIC (1 HORSE / 1 RIDER)	\$250	\$300		
BOX STALL (Overnight Use *)	\$20.00	\$25.00	NIGHTS X ____	
COVERED PEN (Overnight Use *)	\$20.00	\$25.00	NIGHTS X ____	
OPEN PEN (Overnight Use*)	\$15.00	\$20.00	NIGHTS X ____	
STALL CLEAN OUT DEPOSIT (To be refunded at the end of clinic when stall /pen stripped)	\$20.00	\$20.00		
OFFICE FEE	\$5.00	\$5.00		
TOTAL				

Send registration to: Sandra Marbry: smarbry@gmail.com 403-992-2131 (cell) or 250-546-1969 (home)

*All Participants are responsible for leaving the stalls / pens stripped at the end of the clinic.

Payment Enclosed:

_____ Cheque Payable to 'VERNON DISTRICT RIDING CLUB'
 _____ e-Transfer to (info@vernonridingclub.com)
 _____ Credit Card; ___ Visa ___ Mastercard

Cardholder Name: _____
 Credit Card Number: _____
 Expiration Date (mo./ yr.): _____
 CVS: _____

Cardholder Signature (required)

PLEASE ENSURE THE FOLLOWING IS ENCLOSED / E-MAILED (Application Will Not Be Accepted Until Each Of The Following Is Completed)

- Completed registration form (ensure all boxes in first table completed (BCHJA optional))
- Horse council membership number. Membership will be checked to ensure "active" status
- Payment for final 'TOTAL' of the Registration
- Signed and dated Liability Waiver (non VDRC members only)

