VDRC Ride A Test Clinic Level 3 Coach Joni Lynn Peters July 11, 2020



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Rider Name		Horse Name	Horse Name		
Address		·			
E-Mail Address					
Home Number		Cell Number	Cell Number		
VDRC Membership		Test 1:	Test 1:		
HCBC # (Mandatory)		Test 2:	Test 2: Test 3:		
	VDRC	NON-MEMBER		TOTALS	
CLINIC \$35. PER TEST	\$30.00	\$35.00			
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			
STALL CLEAN OUT DEPOSIT (To be refunded at the end of clinic when stall /pen stripped)	\$40.00	\$40.00			
OFFICE FEE	\$10.00	\$10.00		\$10.00	
			TOTAL		
7069 Nakiska D ALL PARTICIPANTS RESPOSIBLE Payment Enclosed:					
e-Transfer to: info@vernonr Credit Card; Visa Ma Cardholder Name: Credit Card Number: Expiration Date (mo./ yr.): CVS:					
Cardholder Signature (required)					
PLEASE ENSURE THE FOLLOWIN Following Is Completed)				pted Until Each Of The	
Horse council membership n	umber. Member	ship will be checked to	ensure "active" status	6	
Payment for final 'TOTAL' of	the Registration	ı			
Signed and dated Covid-19 L	iability Waiver (all riders) – on website			