

# Tanya Rosen Spring Clinic

• June 26, 27 & 28



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

	VDRC	NON-MEMBER		TOTALS
CLINIC (1 HORSE / 1 RIDER)	\$250.00	\$300.00		
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	NIGHTS X ____	
STALL CLEAN OUT DEPOSIT (To be refunded at the end of clinic when stall /pen stripped -Cash or cheque-do not add to clinic fees)	\$40.00	\$40.00		
OFFICE FEE	\$5.00	\$5.00		
<b>TOTAL</b>				

Send registration to: Sandra Marbry at [slmarbry@gmail.com](mailto:slmarbry@gmail.com) Please call 403-992-2131 for more information

\*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](mailto: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)