## Claudia Cojocar Clinic May 7, 8, 9, 2021



Rider Name		Horse Name					
Address	Address						
E-Mail Address							
Home Number	Cell Number						
VDRC Membership		Height / Level					
HCBC # (Mandatory)		BCHJA # (Mandatory for discount)					
	VDRC	NON-MEMBER		TOTALS			
CLINIC (1 HORSE / 1 RIDER)	\$325.00	\$375.00					
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				
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)							
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 ' <b>TOTAL'</b> of the Registration							
☐ Signed and dated Liability Waiver (non VDRC members only)							