

Cheryl Keith Clinic

• **September 2, 3, 4 2022**

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)	\$350.00	\$400.00		
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	\$10.00	\$10.00		
TOTAL				

Send registration to: Angie Wohlford at angie6563@hotmail.com Please call 250-306-0328 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

_____ 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)