

# Lindsay Lindford Clinic

• May 29, 30, & 31 2026

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		
<b>TOTAL</b>				

Send registration to: Sandra Marbry at [slmarbry@gmail.com](mailto:slmarbry@gmail.com) Please email 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 [accounting@vernonridingclub.com](mailto:accounting@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)
- Filled Out Horse Vaccination Form