BC EVENTING ASSOCIATION



INTRODUCTION TO EVENTING CLINIC APPLICATION 2024

JOHVALE STABLES May 17th -19th, 2024 1815 Duck Range Road, Pritchard

I require stabling YES \(\text{NO} \) NO \(\text{NO} \) stalls are outdoor paddocks

Bring your own stall guard – shavings will be provided

Entry Secretary: Margo Kozak 21-35060 Clayburn Road Abbotsford BC V2S 7Z2 or registrations@bceventing.ca

Enclose: Clinic fee (3 days)		\$ 275	☐ tick all that apply
Full or Non-Competing Suppo PLUS Pace Clinic – One da ** If you wish pace on Thurse	ay \$ 30 □ OR Tw day, indicate an approx	sheet for membership details)	
AND/OR 35 per night X	_ nights (list extra nights	s	
PLUS Dressage Lesson – wit	h Sarah Bradley, Thurs	day May 16th \square or Friday if entries wa	rrant 🗆
Private lesson \$90 OR S	semi Private lesson \$75	5 ☐ (semi only available for below Event	ing PreTraining level)
		ERED (2024) Young Rider (contact the YF oportunities in order to obtain a \$50 rebate	
Copies of BCEA and HCB0 If you joined BCEA		ent) Membership Cards i <mark>ng.ca</mark> you will <u>not</u> have a separate ca	□ rd or #
** Note there are two separ	ate forms – one for o	Acknowledgment of Risk and Release ver the age of majority (which is 19 in orm, sign and initial all areas.	_
Travel Subsidy applicants -	- include completed s	ubsidy form (must be BCEA member))
if accepted \$100 wil	I be sent after the clir	nic	
TOTAL ENCLOSED:	\$	OR I used email transfer option registrations@bceventin	□ ig.ca
If sending entry via email, it	must be scanned. D	O NOT send photos of the forms!	<u>M.ou</u>

** All cheques payable to BCEA – no credit card option available**

Payment by Etransfer is accepted. Question: where is clinic, Answer: johvale

<u>Incomplete entries will not be accepted. Entry Deadline May 8th – LATE FEE \$30</u>

If you wish to enter but are concerned that you may not be able to come (horse not ready etc.), please send an explanation note with your entry, \$\$ etc. and we will hold a spot for you until the closing date.

^{**}This entry form is for the Intro to Eventing Clinic If you wish to enter the Regular clinic, please select that form.

accepted. Photos of the for	ms are not acceptat	ole.	
Name:			
Address:			
ity:Postal Code:			
Phone:	<u>(</u> res)		(wk/cell)
Birthdate: (if 25 or under as of	of Jan 1, 2024)		
Email:			LEGIBLE PLEASE!!!!!
HCBC #:BC	CEA#: nline, <u>www.bceventin</u>	ENCLOSE COPIES Cog.ca	DF 2024 MEMBERSHIP CARD(S) /e a separate card or #
Name of Horse:			
Name of primary coach:			
Coaches email (or phone # if	f not available)		
What is your primary riding d	liscipline?:		
What height courses are you	u jumping in an arena	with this horse?	
How long have you been ridi	ng?	How often in past	<u>year?</u>
Dressage level – if requestin	g a lesson		
Have you ridden this horse of	out of an arena?	In a group out of a	an arena?
Have you ridden at the starte	er level at any events?	<u> Ho</u>	w many?

This entry form is FILLABLE. You must return both pages of this form (either via email to

registrations@bceventing.ca or by Canada Post to the entry secretary) plus all applicable fees, copies of

membership card(s), both release forms and travel subsidy form (if applicable) for your entry to be

If you are interested in the "Grab and Go" meal on Thursday evening, (\$15) please contact the Pony Club armstrongponyclub@hotmail.com or contact Dani 236-586-5622 prior to May 10th.