



BC EVENTING ASSOCIATION  
**REGULAR CLINIC APPLICATION 2024**

JOHVALE STABLES May 17<sup>th</sup> -19<sup>th</sup>, 2024  
1815 Duck Range Road, Pritchard

I require stabling YES  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](mailto:registrations@bceventing.ca)

NAME: \_\_\_\_\_

I have enclosed:

Clinic fee (BCEA Member) **\$ 375**  tick all that apply  
Full or Non-Competing Support membership (see info sheet for membership details)

**PLUS** for out of province riders only **\$ 25**

**PLUS** Pace Clinic (must be registered in the clinic)

One Day **\$ 30**  OR Two Days **\$ 40**

\*\* If you wish pace on Thursday, indicate an approximate time (between 1:00 and 6:00pm) \_\_\_\_\_

**PLUS** Stabling fee - \$100 for the weekend (3 nights – Thursday, Friday and Saturday)

**AND/OR** 35 per night X \_\_\_ nights (list extra nights \_\_\_\_\_) \$ \_\_\_\_\_

**PLUS** Dressage Lesson – with Sarah Bradley, Thursday May 16<sup>th</sup>  or Friday if entries warrant

Private lesson **\$90**  OR Semi Private lesson **\$75**  (*semi only available for below Eventing PreTraining level*)

**YOUNG RIDERS** – If you are a **CURRENT REGISTERED (2024)** Young Rider, contact the YR committee [yr@bceventing.ca](mailto:yr@bceventing.ca) or see website, for volunteering opportunities for a chance to obtain a \$50 rebate.

**TRAVEL SUBSIDY APPLICANTS** – completed subsidy form – if accepted \$100 will be sent after the clinic

**Copies** of BCEA and HCBC (or Alberta Equivalent) Membership Cards

If you joined BCEA online, [www.bceventing.ca](http://www.bceventing.ca) you will not have a separate card or #

Completed and signed **BCEA/Johvale Stables** Acknowledgment of Risk and Release of Liability

\*\* *Note there are two separate forms – one for over the age of majority (which is 19 in BC) and one for under – be sure to include the correct form, sign and initial all areas.*

**TOTAL ENCLOSED:** \$ \_\_\_\_\_ OR I used email transfer option   
[registrations@bceventing.ca](mailto:registrations@bceventing.ca)

If sending entry via email it must be scanned. **DO NOT** send photos of the forms!

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

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

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

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 **regular clinic**, if you wish to enter the **Intro clinic**, please select that form.

This entry form is FILLABLE. You must return both pages of this form (either via email to [registrations@bceventing.ca](mailto: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 accepted. **Photos of the forms are not acceptable.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ (res) \_\_\_\_\_ (wk/cell)

Birthdate: (if 25 or under as of Jan 1, 2024) \_\_\_\_\_

Email: \_\_\_\_\_ LEGIBLE PLEASE!!!!

HCBC #: \_\_\_\_\_ BCEA #: \_\_\_\_\_ **ENCLOSE COPIES OF 2024 MEMBERSHIP CARD(S)**

If you joined BCEA online you will not have a separate card or #. Your HC card will indicate BCEA membership

Name of Horse: \_\_\_\_\_

Level of competition (Horse Rider Combination) in 2023: \_\_\_\_\_

Number of Events at that level in 2023: \_\_\_\_\_ # completed at that level \_\_\_\_\_

Level you are requesting in Clinic: \_\_\_\_\_ Year of last competition \_\_\_\_\_

Level of dressage (if requesting lesson) \_\_\_\_\_

Name of primary coach: \_\_\_\_\_

Coaches email (or phone # if not available) \_\_\_\_\_

Requested Clinician: \_\_\_\_\_

Please note **YOU MAY NOT GET YOUR REQUESTED CLINICIAN** (we will do our best).

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