BC EVENTING ASSOCIATION



INTRODUCTION TO EVENTING CLINIC APPLICATION 2025

JOHVALE STABLES May 9th to 11th, 2025 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

NAME:_					
Fu P I *	LUS Pace Clinic – One d * If you wish pace on Thurs	ay \$ 30 □ OF day, indicate an	\$ 300 see info sheet for membership Two Days \$ 40 □ approximate time (between inghts – Thursday, Friday and	L:00 and 6:00 pr	☐ tick all that apply
	ū	,	a nights	• ,	
Р	LUS Dressage Lesson – w	ith Sarah Bradley	r, Thursday May 8th ☐ or Fri	iday if entries v	warrant 🗆
Р	rivate lesson \$95 🗌 OR S	Semi Private less	on \$80 🛚 (semi only availa	ble for below Eve	enting PreTraining level)
<u>yr</u>		osite Young Ride	EGISTERED (2025) Young R rs BC Equestrian Eventing A ate.		
Pi	roof of BCEA and HCBC	`	uivalent) Memberships ership BC Equestrian Evel	nting Associatio	
**	ompleted and signed BC <i>Note there are two sepa</i>	EA/Johvale Starate forms – on	ables Acknowledgment of e for over the age of major rrect form, sign and initial a	Risk and Relea ity (which is 19	 ase of Liability □
<u>Tr</u>	ravel Subsidy applicants if accepted \$100 w	-	eted subsidy form (must be the clinic	e BCEA memb	er) □
T	OTAL ENCLOSED:	\$	OR I used emai	I transfer option	
If	conding ontry via amail	t must be seen	and DO NOT cond photos	of the formal	

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 clinic, **Answer:** johvale

<u>Incomplete entries will not be accepted. Entry Deadline May 1st – 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.

Name:			
Address <u>:</u>			
City:		Postal Co	ode:
Phone <u>:</u>		(res)	(wk/c
<u>Birthdate: (if 25 or</u>	under as of Jan 1, 202	<u>5)</u>	
Email:			LEGIBLE PLE
HCBC #:	ENCLOSE COPY (OF 2025 MEMBERSHIP	CARD
		5. 2020 m.2.m.2.m.	OAILD
BCEA #:			YMENT AND SEND WITH ENT
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Name of Horse: _	PRINT CONFIRMA	TION FOLLOWING PA	YMENT <mark>AND SEND WITH EN</mark> T
Name of Horse: _ Name of primary o	PRINT CONFIRMA	TION FOLLOWING PA	YMENT <mark>AND SEND WITH ENT</mark>
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Name of Horse: Name of primary of Coaches email (or What is your primate what height course)	PRINT CONFIRMA coach: phone # if not available ary riding discipline?:	e)an arena with this ho	Orse?
Name of Horse: Name of primary of Coaches email (or What is your primate What height course How long have your primate the course where the course was the course where the course was the course where the course was	PRINT CONFIRMA coach: phone # if not available ary riding discipline?:	e)an arena with this ho	Orse?

This entry form is FILLABLE. You must return both pages of this form (either via email to registrations@bceventing.ca or

If you are interested in the "Grab and Go" meal on Thursday evening, (\$10) please contact the Pony Club armstrongponyclub@hotmail.com or contact Dani 236-586-5622 prior to May 5th.

How many?_

Have you ridden at the starter level at any events?