

BC EVENTING ASSOCIATION REGULAR CLINIC APPLICATION 2025

JOHVALE STABLES May 9th to 11th, 2025 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 21-35	5060 Clayburn Road	Abbotsford BC	V2S 7Z2 or <u>registra</u>	ntions@bceventing.c
NAME:			_	
I have enclosed:				
Clinic fee (BCEA Member) Full or Non-Competing	Support membership	\$ 390 (see info sheet for		tick all that apply
PLUS for out of province riders PLUS Pace Clinic (must be reg	•	\$ 25		
One Day \$ 30 \(\text{ \text{ This is the pace on Thursday PLUS} Stabling fee - \$100 for the page of the pa	y, indicate an approxi	mate time (between		
AND/OR 35 per night X	nights (list extra night	s) \$	
PLUS Dressage Lesson – with Private lesson \$95 OR Sem YOUNG RIDERS – If you are a yr@bceventing.ca or see websi opportunities for a chance to ob	i Private lesson \$80 CURRENT REGISTI ite Young Riders BC	(se <i>mi only availabi</i> ERED (2025) Young	le for below Eventing Rider, contact the Y	g PreTraining level) 'R committee
TRAVEL SUBSIDY APPLICAN	NTS – completed subs	sidy form – if accepto	ed \$100 will be sent	after the clinic
Proof of BCEA and HCBC (Please see full instru			Eventing Association	<u></u>
Completed and signed BCE ** Note there are two separa under – be sure to include the	ate forms – one for d	over the age of ma	njority (which is 19	
TOTAL ENCLOSED: If sending entry via email it ** All cheques paya	ible to BCEA - no	OO NOT send pho credit card option a	available**	venting.ca
Payment by Etransfe	er is accepted. Ques	stion: where is th	e clinic, <i>Answer</i> :	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 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 or by Canada Post to the entry secretary) plus all applicable fees, proof of memberships, both release forms and travel subsidy form (if applicable) for your entry to be accepted. **Photos of the forms are not acceptable.**

Name:		
Address:		
<u>City:</u>	Postal Coo	le:
Phone:	<u>(</u> res)	(wk/cell)
Birthdate: (if 25 or under as of Jan 1,	2025)	
Email:		LEGIBLE PLEASE!!!!!
HCBC #: ENCLOSE C	OPY OF 2025 MEMBE	ERSHIP CARD
BCEA #:PRINT CONF	IRMATION FOLLOWI	NG PAYMENT <mark>AND SEND WITH ENTRY</mark>
Name of Horse:		
Level of competition (Horse Rider Co	ombination) in 2024	1 :
Number of Events at that level in 202	24:	# completed at that level
Level you are requesting in Clinic:		Year of last competition
Level of dressage (if requesting lesson	on)	
Name of primary coach:		
Coaches email (or phone # if not ava	ilable)	
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, (\$10) please contact the Pony Club armstrongponyclub@hotmail.com or contact Dani 236-586-5622 prior to May 5th.