

## BC EVENTING ASSOCIATION YR AND AR COMBINED CAMP INTRODUCTION TO EVENTING CLINIC APPLICATION 2025

## Campbell Valley Equestrian Park June 28<sup>th</sup> to 30<sup>th</sup>, 2025 1255 208<sup>th</sup> Street, Langley, BC

I require stabling YES	$\square$ NO $\square$	stalls are outdoor paddocks

Bring your own stall guard – shavings will be \$15 a bale

see

Entry Secretary: Michelle Stewart Phone: 604-309	09-1850 mailto:michellestewart72@shaw.ca	
NAME:		
<b>Enclose:</b> Clinic fee (3 days including stabling) that apply	\$ 375	☐ tick all
Full or Non-Competing Support membership (see info		
<b>,</b> .	Or Two Days \$ 40	
** If you wish pace on Friday, indicate an approxim	• • • • • • • • • • • • • • • • • • • •	
PLUS Shavings at \$15 per bale – how many bales rec	equired for the weekend	
\$ ☐ Pre Order Only		
PLUS Dressage Lesson – with Sandra Verde, June 2	28 <sup>th</sup> □ or June 29th □	
Private lesson <b>\$105</b>		
	<b>ERED</b> (2025) Young Rider, contact the YR committee <u>yrociation</u> , for volunteering opportunities for a chance to o	
<b>Proof</b> of BCEA and HCBC (or Alberta Equi	uivalent) Memberships	
·	bership   BC Equestrian Eventing Association	
	nowledgment of Risk and Release of Liability $\Box$ e for over the age of majority (which is 19 in BC) are rrect form, sign and initial all areas.	nd
**For insurance purposes, all riders must be	pe either Supporting \$5 or Full CVES \$20 members	<u>s.</u>
TOTAL ETRANSFERED: \$	yr@bceventing.ca for etrans	fers
If sending entry via email, it must be scar	anned. <b>DO NOT</b> send photos of the forms!	
Payment by Etransfer only. Ques	estion: where is clinic. Answer: campbellvallev	

## <u>Incomplete entries will not be accepted. Entry Deadline June 16th – LATE FEE \$30</u>

\*\*Refunds before the closing date less \$30 administration fee. Refunds after the closing date with medical certificate and less \$30 administration fee.\*\*

<sup>\*\*</sup>This entry form is for the Intro to Eventing Clinic If you wish to enter the Regular clinic, please select that form.

This entry form is FILLABLE. You must return both pages of this form via email to michellestewart72@shaw.ca plus all applicable fees, copies of membership card(s), and the appropriate release form and 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, 2025)	
Email:	LEGIBLE PLEASE!!!!
HCBC #: ENCLOSE COPY OF 2025	MEMBERSHIP CARD
BCEA #:PRINT CONFIRMATION FO	
Name of Horse:	
Name of primary coach:	
Coaches email (or phone # if not available)	
What is your primary riding discipline?:	
What height <b>courses</b> are you jumping in an arer	na with this horse?
How long have you been riding?	How often in past year?
Dressage level – if requesting a lesson	
Have you ridden this horse out of an arena?	In a group out of an arena?
Have you ridden at the starter level at any events	s?How many?

Please note that cross country vests are mandatory for jumping. Air vests may be worn over top if desired.