



## BC EVENTING ASSOCIATION YR AND AR COMBINED CAMP

### REGULAR 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 ☐ NO ☐ stalls are outdoor paddocks  
Bring your own stall guard – shavings will be \$15 a bale

Entry Secretary: Michelle Stewart Phone: 604-309-1850 <mailto:michellestewart72@shaw.ca>

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

Enclose: Clinic fee (3 days including stabling) \$ 450

☐ tick all that apply

Full or Non-Competing Support membership (see info sheet for membership details) PLUS

Pace Clinic – One day \$ 30 OR Two Days \$ 40

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

PLUS Shavings at \$15 per bale – how many bales required for the weekend \_\_\_\_\_

\$

Pre Order Only

PLUS Dressage Lesson – with Sandra Verde, June 28<sup>th</sup> or June 29<sup>th</sup>

Private lesson \$105

**YOUNG RIDERS** – If you are a **CURRENT REGISTERED** (2025) Young Rider, contact the YR committee [yr@bceventing.ca](mailto:yr@bceventing.ca) or see website [Young Riders | BC Equestrian Eventing Association](http://YoungRiders|BCEquestrianEventingAssociation), for volunteering opportunities for a chance to obtain a \$50 rebate.

**Proof** of BCEA and HCBC (or Alberta Equivalent) Memberships ☐

Please see full instructions [Membership | BC Equestrian Eventing Association](http://Membership|BCEquestrianEventingAssociation)

Completed and signed **BCEA/CVES** 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.

\*\*For insurance purposes, all riders must be either [Supporting \\$5 or Full CVES \\$20 members](http://Supporting$5orFullCVES$20members).

**TOTAL ETRANSFER:** \$ \_\_\_\_\_ [yr@bceventing.ca](mailto:yr@bceventing.ca) for etransfers

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

Payment by Etransfer only. **Question:** where is clinic, **Answer:** campbellvalley

**Incomplete entries will not be accepted. Entry Deadline June 16th – LATE FEE \$30**

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

\*\*This entry form is for the **Regular clinic**. If you wish to enter the [Intro to Eventing Clinic](http://IntrotoEventingClinic), 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 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 FOLLOWING PAYMENT AND SEND WITH ENTRY

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

Level of competition (Horse Rider Combination) in 2024: \_\_\_\_\_

Number of Events at that level in 2024: \_\_\_\_\_

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).

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