



# BC Equine Arena to Trail Association

Clinic or Competition: \_\_\_\_\_

Facility: \_\_\_\_\_

Dates: \_\_\_\_\_

## Entry Form

Owner/Rider Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ P/C \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

HCBC # \_\_\_\_\_ Rider's Age \_\_\_\_\_ Horse Age \_\_\_\_\_

**Date:**

Equine Name _____				Rider _____			
CLASS NUMBERS							
Arena					Trail		

**Date:**

Equine Name _____				Rider _____			
CLASS NUMBERS							

Number of Stalls: \_\_\_ @ \$\_/day \$ \_\_\_\_\_

Number of Class: \_\_\_ @ \$\_/class \$ \_\_\_\_\_

Arena Charge \$ \_\_\_\_\_

Subtotal \$ \_\_\_\_\_

GST \_\_\_% \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**Waivers must be signed before participating**

**Entries due:**  
**Email entries to:**  
 or  
**Pony Express Mail to:**

\$30.00 deposit (cheque is preferred) required for use of a stall.  
 Deposit returned if stall is cleaned prior leaving.  
 Payment for participant by Cheque or E-transfer.