

BCLM DRESSAGE CLINIC ENTRY FORM

Name of rider: _____

Name of horse: _____

HCBC# _____ Pony Club _____

Address: _____

Phone #: _____ email: _____

Level of dressage - please circle one of the following:
CPC starter; CPC pretraining; EC training; EC first level or higher

DAY ONE - August 9, flat lesson \$20.00 _____

DAY TWO - August 10, riding two tests \$20.00 _____

Stabling - anytime from Aug 8-10 \$10.00 _____

Schooling the cross country course \$10.00 _____

PLEASE MAKE CHEQUES PAYABLE TO MT. CHEAM PONY CLUB

Rider signature _____

Parent/Gaurdian signature _____

Please indicate which two tests you will ride if riding on Day 2.

test 1: _____ test 2: _____