



P O Box 175, Capel 6271
email: capelponyclub@outlook.com
website: <http://capelhorseandponyclub.com.au>

CROSS COUNTRY CLINIC BOOKING FORM 2019

Name of Coach/Clinic: _____

Booking Date/s: _____

Coaches Email: _____

Coaches Phone No: _____

Booking Person: _____

Phone: _____

Email: _____

First Aid Officer: _____

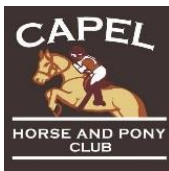
Delegated Grounds Person: _____

Please direct deposit all monies into Capel Horse and Pony Club bank account:

BSB: 633 000

Account: 126 908 862

This form is to be completed and emailed to rachht@yahoo.com.au and cc capelponyclub@outlook.com and brinere@outlook.com along with a screen shot of payment at least three days prior to the clinic commencing”



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Fees Applicable – Per Day

Description	Number	Cost	Total
Bond			\$ 500.00
Day 1			
No of horses		@ \$45 each	
No of horses (Capel Members)		@ \$5 each	
Camping – Per person/per night		@ \$5 each	
Camping – Per family/per night		@ \$10 per family	
Day 2			
No of horses		@ \$45 each	
No of horses (Capel Members)		@ \$5 each	
Camping – per person/per night		@ \$5 Each	
Camping – per family/per night		@ \$10 per family	
Day 3			
No of horses		@ \$45 each	
No of horses (Capel Members)		@ \$5 each	
Camping – per person/per night		@ \$5 Each	
Camping – per family/per night		@ \$10 per family	
Total			

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Updated: 12 February. 2019