



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

CROSS COUNTRY CLINIC BOOKING FORM

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:

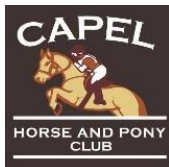
BSB: 633 000

Account: 126 908 862

This form is to be completed and emailed to capelhpcbooking@gmail.com and cc capelponyclub@outlook.com and capelhpctreasurer@gmail.com

7 Day's Prior to the commencement of the clinic

Your bond of \$500 is payable upon booking and refundable once the course has been checked. Contact will be made within 7 days after the clinic. Please refer to the general conditions for the coach



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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)		@ \$6 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)		@ \$6 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)		@ \$6 each	
Camping – per person/per night		@ \$5 Each	
Camping – per family/per night		@ \$10 per family	
Total			

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