HORSE COUNCIL
BRITISH COLUMBIA

HCBC Education Event Participation List

Please print and bring to event for participants to complete

Club/Affiliate Name: _____

Event Name: _____

Event Date: _____

The information below is needed by HCBC for statistics provided to government on the sport.
This information is not shared with anyone else

Name	HCBC Member Y/N	Hometown	Gender	Birth year YYYY

Please Return All completed documents to finance@hcbc.ca