NSC CLINIC REPORT FORM *rev. 2017*

Clinician: ______________________________

Clinic Title or Type: ______________________________

Clinic Date: ______________________________

Clinician Contact: ______________________________

City/Town: ______________________________

Organizer: ______________________________

Phone: ______________________________

Email: ______________________________

What Bonus(s) did you receive for Organizing: ______________________________

This form is for NSC Hosted Clinics. If you are renting the Grounds, please refer to the Rental Forms.
Need help?? Please contact the Events Coordinator.
Contact info is on our website: NorthernSaddleClub.com

*** NSC CLINIC FEES**

Current Members - $5.00
Non-Members - $10.00

Valid Membership must be confirmed with Membership Coordinator or Events Coordinator PRIOR to clinic.

**** STABLING FEES**

Non-NSC Members:
Day/Night - $15.00

Current NSC Members:
Day/Night - $10.00
Week - $30.00
Month - $100.00

Organizer is responsible for ensuring all stalls are clean.

CLINIC FEES AND STABLING FEES ARE TO BE HANDED IN WITHIN 1 WEEK OF CLINIC WITH THIS FORM

If you need to book any other Town of Smithers or other club facilities, please do so through the NSC only.
It is recommended that non-members have a Horse Council BC membership.

The clinic organizer is responsible for all money collected and for paying all costs related to the clinic.
The amounts above may be audited at any time for the benefit of the clinic participants.
Organizer must keep all receipts and may be asked to bring forth for the audit.

Deliverables : Mail: Northern Saddle Club
PO Box 431
Smithers, BC V0J 2N0

Drop off: Smithers Feed Store
or in person to Treasurer

		NSC CLUB FEES			*STABLING FEES*			*TOTAL FEES COLLECTED*	CASH	CHEQUE
		Member	*RATE		Days	**RATE	*STABLE TOTAL*			
NAME	*LOCATION*	Y / N	*$5 / $20*	*CLINIC FEE*	#	$10 / $15				
		TOTALS								

CLINICIAN DUES	*AMOUNT*
Description of fee: *Other:* ______ */ day rate* ______ */ person rate* ______ */ hour rate*	
Clinician's FEE	
Flights/Travel	
Hotel/Meals	
Other:	
TOTAL - Paid to Clinician	
Method: ☐ ***Cash*** ☐ ***Cheque***	

NSC DUES	*AMOUNT*
Clinic Fees	
Stabling Fees	
Donation from Clinician:	
Other:	
TOTAL - Paid to NSC	
Method: ☐ ***Cash*** ☐ ***Cheque***	