



4608 – 38 Avenue
Cold Lake, AB. T9M 1K6
Office: (780) 594-0667

Clinic Registration Form

Clinic Name: _____ Date: _____

Rider Name: _____

Address: (Complete) _____ PC _____

Phone: _____ E-Mail: _____

Age (if under 18): _____ AEF no. _____ or other pso _____

Name of Horse: _____ Age: _____ Mare / Gelding / Stallion

Level you are riding at _____

Total Cost of Clinic	
Stabling \$20 per Night # of Stalls _____ X \$20 Contact Krista @ 780-594-0667	
Sub Total	
Total	

Mail Payment, registration form to: Cold Lake Agricultural Society 4608 - 38 Avenue, Cold Lake, AB. T9M 1K6

Make Cheques Payable to: Cold Lake Agricultural Society Cash, Cheque or Credit Card accepted – to the Ag Office

Registration form may be emailed to Krista@coldlakeag.com

Etransfer accepted please contact Krista for info on etransfer at number below

Phone: (780) 594-0667

If you wish to pay with credit card, please fill out the information below:

Card Number: _____ Visa / MC Expiry Date: _____

Authorized Signature: _____

_____ Name of Card Holder

_____ Please Print

Registration and payment do 1 week prior to clinic date