

CLINIC REGISTRATION

Cold Lake Agricultural Society

Cold Lake Agricultural Society General Clinic Registration Form

E-TRANSFER AND RETURN FORM TO MANAGER@COLDLAKEAG.COM

Clinic Name: **Dan Duckering Clinic**

Date: November 15, 16-17, 2024

Rider Name: _____

Address: _____

Postal Code: _____

Phone Number: _____

E-mail Address: _____

Age(if under 18): _____ AEF #: _____ or other PSO

Name of Horse: _____

Age of Horse: _____ Mare/Gelding/Stallion

Level of Rider: _____ What Height are you jumping at? _____

Emergency Contact: _____

Phone #: _____

Have you ridden with Dan before? ____ Yes ____ NO ____

Registration Opening Date: **November 4 2024 - 9 AM**

Closing Date: **November 12, 2024 - 4 PM**

Cost of Clinic: **Arena Pass Holders \$285.00**

: Non- Arena Pass Holders: \$310.00

: Friday Night Youth : \$50.00

(Optional) Stabling: **\$20/Night** or **\$30/Weekend** (comes with 1 bag of shavings). Extra bags can be purchased for **\$10.00/Bag**

of Stalls: _____

Payment accepted by: Cash, Cheque, Credit Card*, Debit, or E-transfer.
3% fee will apply to credit card purchases*

Office Use Only:

Cost of Clinic: \$ _____

Total Cost of Stabling: \$ _____

Total Amount Payable: \$ _____

Method of Payment: _____

Date: _____

Processed by: _____

COLD LAKE AGRICULTURAL SOCIETY at EXHIBITION PARK

4608 38 AVE., COLD LAKE, AB, T9M 1K6

WWW.COLDLAKEAG.COM | 780-594-0667

