

# CLINIC REGISTRATION

Cold Lake Agricultural Society

## Cold Lake Agricultural Society General Clinic Registration Form

E-TRANSFER AND RETURN FORM TO [MANAGER@COLDLAKEAG.COM](mailto:MANAGER@COLDLAKEAG.COM)

Clinic Name: **Madison Monkman**

Date: April 27-28, 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 #: \_\_\_\_\_

Registration Opening Date: **April 16 2024 - 9 AM**

Closing Date: **April 19, 2024 - 4 PM**

Cost of Clinic: **Arena Pass Holders \$200.00**

**: Non- Arena Pass Holders: \$235.00**

(Optional) Stabling: **\$20/Night** or **\$30/Weekend** (comes with 1 bag of shavings). Extra bags can be purchased for **\$7.00/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

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