

CESAR TORRENTE CLINIC

Auditors Application July 16 & 17

Amberlea Meadows Equestrian Centre

<p style="text-align: center;">Registration</p> <p>Name: _____ Phone Number: _____ Email: _____</p> <p>Emergency Contact Information: Name: _____ Phone Number: _____</p> <p>Which(s) days will you be attending <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday</p>	
<p>Per Day</p> <p><input type="checkbox"/> General Public: \$40.00 (Includes Lunch) <input type="checkbox"/> EAADA Member \$30.00 EAADA Membership # _____ \$ _____</p> <p>Admission at the door: General Public \$50.00 (Includes Lunch) EAADA Member at the door \$40.00 (Includes Lunch)</p> <p>Lunch included in all admission prices. (Please note that all net proceeds from the auditing fees will be paid back to the clinic riders.)</p>	\$ _____
Dietary Information:	
TOTAL	

Payment can be made by cheque (to Amberlea Meadows), e-transfer

(admin@amberleameadows.com) or credit card:

Credit Card # _____ mastercard visa exp: _____ cvs: _____