



EQUESTRIAN

presents

Competitive Athlete Development SYMPOSIUM

Auditors Registration Form

Auditor Information:

Name: _____ OE Membership #: _____

Full Address: _____

Phone Number: _____ Email: _____

Your Current Discipline (Select One): Dressage Eventing Show Jumping Other: _____

Dietary Restrictions: _____

Auditing Days (Select One):

Saturday August 11th 1-day Symposium = **\$50 (plus HST = \$56.50)**

Sunday August 12th 1-day Symposium = **\$50 (plus HST = \$56.50)**

Saturday August 11th AND Sunday August 12th 2-day Symposium = **\$80 (plus HST = \$90.40)**

Volunteer Information:

Name: _____

Full Address: _____

Phone Number: _____ Email: _____

Volunteer Dates: Saturday August 11th Sunday August 12th

Saturday August 11th AND Sunday August 12th

Shirt Size (Select one): Men's Women's

S M L XL

Volunteers may be required to stand for long periods of time.

Cheque* Credit Card

Name on Credit Card: _____

Credit Card Number: _____ Expiry Date: _____

CSV #(last 3 digits on back of card) _____ Cardholder Signature: _____

* Payable to Ontario Equestrian – payment must be received by August 3rd.

**No refunds will be granted unless Symposium is cancelled.

Phone, Email or mail registration to: 905-709-6545 | info@ontarioequestrian.ca | 1 West Pearce Street, Suite 201, Richmond Hill, ON, L4B 3K3

TOTAL:*

\$ _____

HST # 13100 4533 RT0001