



AAHA 2012 CLINIC SPECTATOR FORM ONLY

Name of spectator(s) on Saturday:	Phone/Email:

Name of spectator(s) on Sunday:	Phone/Email:

Total number on Saturday:	#	X \$10	=	\$
Total number on Sunday:	#	X \$10	=	\$

SUB - TOTAL COST	\$
+ GST 5%	\$
TOTAL COST =	\$

SPECTATOR PASSES WILL NOT BE MAILED OUT IN ADVANCE AND CAN BE PICKED UP AT THE CLINIC.

CANCELLATION POLICY: No cancellations on spectator passes. NO REFUNDS WILL BE ISSUED.

REMIT FORM AND CHEQUE PAYABLE TO:
AURORA ARABIAN HORSE ASSOCIATION

AAHA C/O Sandy Schroter
53347 RR 225
Sherwood Park, Alberta T8A 4V1

