

High Performance Symposium Auditing Application

June 23 to June 25, 2023



**Saskatchewan
Horse Federation**

Name: _____

Address: _____

Phone: _____

Email: _____

SHF member number: _____

Which day do you plan to attend:

- Friday (15\$ per day)
- Saturday (\$15 per day)
- Sunday (\$15 per day)
- All 3 Days (\$30 per day)

Are you planning on attending the guest speaker information sessions

- Friday
- Saturday
- None

Payment

- Payment by Cheque/Cash in the amount of \$ _____ enclosed
- Payment by Etransfer will be sent in the amount of \$ _____
Email to payment@saskhorse.ca Password: _____
- Payment by Credit Card (Visa/MasterCard Only) in the amount of \$ _____
Card Number : _____
Expiry: _____ CSV: _____
Card Holder Name (Print): _____
Authorizes Saskatchewan Horse Federation to charge the credit card as indicated above.

Signature: _____

Send completed application to:
Laurel Golemba – SHF Technical Director
300-1734 Elphinstone Street, Regina, SK, S4T 1K1
technicaldirector@saskhorse.ca
Fax: 306-525-4041

