



***HORSE<sup>3</sup> head, heart & hooves***  
 April 14 – 16, 2017 Westoba Agricultural Centre of Excellence  
 Youth Group Application/Agreement



Youth Group: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Description of your Youth Group : \_\_\_\_\_

**Youth Group Required**

*\*Youth Groups must order 10 tickets to receive a reduced rate and only 2 of those tickets can be purchased for adults/leaders/chaperons.*

*\*a list of names and ages are to be supplied below.*

	<u>Last Name</u>	<u>First Name</u>	<u>Birthdate</u>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			



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Youth Group Name: \_\_\_\_\_

**Tickets:**

\_\_\_\_\_ Members @ \$ 29.00 each = \$ \_\_\_\_\_

\_\_\_\_\_ Adults/Leaders @ \$ 29.00 each= \$ \_\_\_\_\_

\_\_\_\_\_ Adults @\$ 39.00 each= \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

PAYMENT:    ___ Cash                    ___ Visa                    ___ MasterCard            ___ Cheque			
Card #: _____	Exp. Date:    ___ ___ / ___ ___ M M / Y Y		
Print Name of Cardholder: _____		Signature: _____	
<b>SEND REGISTRATION AND PAYMENT BY MAIL OR FAX TO:</b> # 1-1175 18 <sup>th</sup> Street, Brandon, MB R7A 7C5 * Ph. (204) 726-3500 * Fax. (204) 727-5552 <a href="http://www.keystonecentre.com">www.keystonecentre.com</a>			

The person signing this agreement is an authorized representative of the above named organization with the full power and authority to sign and deliver this application. The company agrees to comply with the rules and regulations of the event.

**Return Policy:**

There is no returns or refunds on any tickets purchased.

Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_