

**ALBERTA TRAPPERS' ASSOCIATION
TRAPPER EDUCATION
REGISTRATION FORM APPLICATION
STANDARD TRAPPING COURSE
DAVE UNGER TRAPPERS COLLEGE**

Application Date: _____

Course Date: _____

Students Name (Print): _____

Complete Address: _____

Telephone Number: _____

E Mail: _____

Are you presently a member of the Alberta Trappers' Association _____

Age: Under 18 _____, 19-30 _____, 31-50 _____, over 50 _____

Sex: Male _____, Female _____

REGISTRATION

Tuition fee Amount \$ _____ Cheque _____ Cash _____

Student Signature _____

Make cheques payable to ATA Trapper Education.

Upon successful completion of course will receive one year's membership to ATA..

Courses will start on a Thursday morning however should the student wish they can show up at the site Wednesday after supper. Meals will be provided thereafter. Advise if you are planning to arrive on the Wednesday. Please arrive before 9PM if you arrive on the Wednesday.
