

Alberta Trappers' Association

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www.albertatrappers.com



## PLEASE ALSO COMPLETE THE COVID SAFETY FORM AVAILABLE ON THE **COURSE INFORMATION PAGE & SUBMIT**

Name:		
Address:	DD YY	-
City: Prov:	Postal Code;	_
Daytime Phone Number: ()	Date of Birth://	_
Cell Phone Number: ()Email: _		_
I wish to register for the following Public & School Presentations Workshop:		
Location: Date:_		
Participant Signature Required: X		
PUBLIC PRESENTATIONS WORKSHOP This is a 4 Hours Workshop*		
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