

Alberta Trappers' Association

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www.albertatrappers.com



Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Daytime Phone Number: (____)-____-____ Date of Birth: ____/____/____
DD YY

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*** **No Charge**

By Mail:

Alberta Trappers Association
P.O. Box 6020 Stn. Main
Westlock, AB T7P 2P7

By Email:

info@albertatrappers.com
www.albertatrappers.com

For Office Use Only:

Date Received: _____