

6602-53 Street Taber, Alberta T1G 2A2 Phone: 403-223-9539 www.taberagplex.com E-mail: taberagplex@telus.net

RIDING PASS APPLICATION FORM

NAME:			ADULT MINOR	
ADDRESS:	TOWN:	PROV:	POSTAL CODE:	
HOME PHONE:	CE	ELL PHONE:		
EMAIL:				
ANNUAL SINGLE PASS	\$ 200.00 [GS	T Included]	ANNUAL PASSES	
ANNUAL FAMILY PASS	\$ 350.00 [GS	T Included]	EXPIRE ON JUNE 30 OF EACH YEAR	
ANNUAL CORPORATE P. [3 Families or 6 Individual Passes - n				
MONTHLY PASS	\$ 70.00 [GST	Included]		
DAILY DROP IN PASS	\$ 20.00 [GST	`Included]		
Must be immediate family members Riders under 16 years of age must ha				
OTHER RIDERS ON THIS PASS	: [For Family Passes & Con	rporate Passes Only]		
FIRST & LAST NAME:		ADULT	MINOR	
FIRST & LAST NAME:		ADULT	MINOR	
FIRST & LAST NAME:		ADULT	MINOR	
I acknowledge the inherent risks responsibility for my actions and Exhibition Association from any a actions of all the parties above list regulations as set out by the Tabe to our conduct and that they may	for those of any ad and all consequence sted. I accept on bel er Exhibition Associ	ult and minors lises and free from a nalf of all applicar nation and from ti	ted above. I absolve the Taber ny and all liabilities from the nts that the rules and me to time amended shall apply	
SIGNATURE OF APPLICANT OR P	'ARENT/GUARDIAN	N DATE		