

# Saskatchewan Sports Field Training Day Delegate Invitation Wednesday, July 24th, 2019 University of Saskatchewan



## Topics Include

- Sports Turf Practices: dethatching, fertilizing, weed control, aerating, pest management
- Compost Systems and Applications
- Key Maintenance Practices
- Naturalized Park Development
- Equipment and Product Demonstrations

## Who Should Attend?

All field maintenance staff

- Groundskeepers
- Operators
- Technicians
- Facility Lead Hands
- Foremen
- 

## Field Day Program

7:30–8:30	Registration & Refreshments
8:40–9:00	Opening Remarks
9:00–12:00	Educational Presentations
12:00–1:00	Lunch
1:00–3:00	Tradeshow with on-field demonstrations

## Why Attend?

- Learn from the experts about industry practices, products and services, operating procedures
- Connect with others in the industry
- Understand sports field maintenance best practices
- Find out about the latest products, services and equipment
- See products in use

**SPORTS**  **TURF**<sup>™</sup>  
CANADA

In partnership

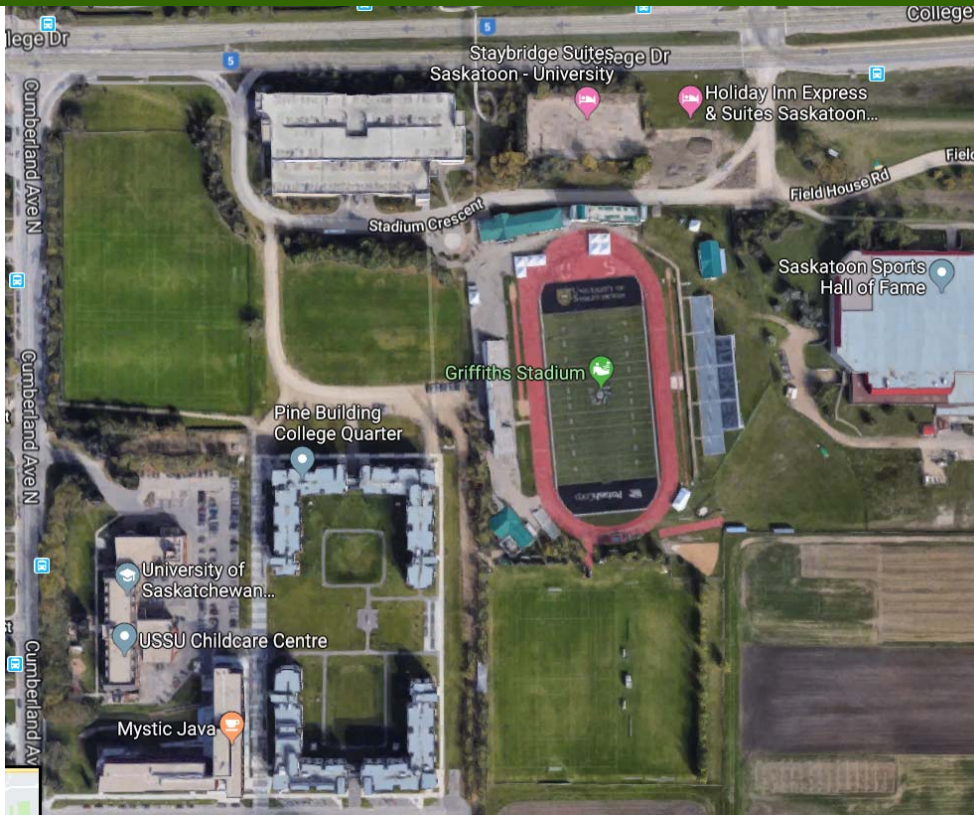


**UNIVERSITY OF  
SASKATCHEWAN**



*City of*  
**Saskatoon**

Registration Deadline is July 18, 2019 | Register online @ [sportsturfcanada.com](http://sportsturfcanada.com) or fax registration to 519-766-1704



## REGISTRANT DETAILS

ATTENDEES: (please use company contact as it will be shared with vendors post-event)

1. Name: \_\_\_\_\_
2. Name: \_\_\_\_\_
3. Name: \_\_\_\_\_
4. Name: \_\_\_\_\_
5. Name: \_\_\_\_\_
6. Name: \_\_\_\_\_

Municipality/organization/company: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ PCode: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_

Fax: (        ) \_\_\_\_\_

Email: \_\_\_\_\_

Registration includes educational sessions, tradeshow, lunch, field demonstrations, and refreshments.

Number of Attendees \_\_\_\_\_ x \$65 = \$ \_\_\_\_\_

Subtotal \$ \_\_\_\_\_

5% GST (#88969824) \$ \_\_\_\_\_

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

**Method of Payment:**

Cheque payable to SPORTS TURF ASSOCIATION OF CANADA

MasterCard     Visa     American Express (contact us)

Card No: \_\_\_\_\_

Expiry: MM/YY \_\_\_\_\_ CSC#: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

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

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 or fax your registration to 519-766-1704

**Cancellation:** Replacements are encouraged.  
 Refunds will be issued for medical reasons.