CHESTERVILLE FAIR

CHESTERVILLE FAIR Proof of Liablility Insurance: Required for all Exhibitors				POULTRY SH Members Farm Prefix:			OW ENTRY FORM		
				a dille	E SO	Membership No.:			
Name of Co	mpany:			ర్ Farm Prefix:					
						Exhibitor Name:			
						Address (include civic #):			
, ,							Postal Code:		
Send Entries to:			Email Add			Email Address:	lress:		
Attn: Rylee		P.O. Box 571, Chesterville, Or	ntario KOC 2KO			Telephone Number:			
,		info@chestervillefair.com				Please complete Rele		n below	
Class	Section	Description		Class	Section	Description		Office Use	
				1					
		+							
					+				
Dlease read	L Rules and Res	 gulations and therby agree to be g	overned by them	Make this en	try subject to	own risk and further	Sub-total		
		& District Agricultural Society harn					Sub-total		
rultes. Exhib	itor Fee and	Liablity Insurance must accompan	v entry form. Th	is form does no	ot constiture a	and entry form unless	Membership	\$10.0	
signed and all fees paid. Make Cheques payable to: Chesterville & District Agricultural Society							Total:		
		illness the exhibitor will be asked		_	-	ges decisions are final.			
•	U	 .				Date:	Cheque No:		

18 years & older OR Parent/Guardian of Minor