CHESTERVILLE FAIR

Proof of Liablility Insurance: Required for all Exhibitors

Name of Company: _____

Policy Number: _____

Expiry Date: _____

Send Entries to:

Attn: Rylee Keeler

P.O. Box 571, Chesterville, Ontario K0C 2K0

info@chestervillefair.com

POULTRY SHOW ENTRY FORM

Membership No.: _____

Farm Prefix: _____

Exhibitor Name: _____

Address (include civic #): _____

Postal Code: _____

Email Address: _____

Telephone Number: _____

Please complete Release of Indemnifiction below

Class	Section	Description		Class	Section	Description		Office Use

Please read Rules and Regulations and therby agree to be governed by them. Make this entry subject to own risk and further agree to hold Chesterville & District Agricultural Society harmless from any claim or deman arising out of the application of said rultes. **Exhibitor Fee and Liablity Insurance must accompany entry form.** This form does not constiture and entry form unless signed and all fees paid. Make Cheques payable to: Chesterville & District Agricultural Society

Sub-total	
Membership	$10.00
Total:	

If any bird shows signs of illness the exhibitor will be asked to remove the animal immediately . All Judges decisions are final.

Signature: _____ Date: _____ Cheque No: _____

18 years & older OR Parent/Guardian of Minor