

CHESTERVILLE FAIR

Proof of Liability Insurance: Required for all Exhibitors

Name of Company: _____

Policy Number: _____

Expiry Date: _____

Breed: _____



CATTLE SHOW ENTRY FORM

Membership No.: _____

Farm Prefix: _____

Exhibitor Name: _____ **Age:** _____

Address (include civic #): _____

Postal Code: _____

Email Address: _____

Telephone Number: _____

Please complete Release of Indemnification below

Class	Section	Name of Animal	Reg. No.	Sex	Name of Sire	Placing	Office Use

Send Entries to:
 Chesterville & District
 Agricultural Society
 P.O. Box 571,
 Chesterville, Ontario

Release of Indemnification

I, the undersigned, release the Chesterville & District Agricultural Society
 Chesterville Fair, and its Employees, Volunteers, and Board of Directors
 From all liability for any accidents or injury sustained by me or my
 property while participating as an exhibitor at the fair.

Sub-total
Entry Fees
Total:

Signature: _____ Date: _____ Cheque No: _____

18 years & older OR Parent/Guardian of Minor