CALEDON FALL FAIR-ENTRY FORM

Please Print or Write Plainly.

For Exhibitor		For Secretary			For Exhibitor		For Secretary			For Secretary
Section	Class	Won	Pts.	Amt	Section	Class	Won	Pts.	Amount	
							Total Prize Money			
							Less Membership			
							For next year			$5.00
							Total Cheque			
							Cheque Number			

I am a Senior Citizen, over the age of 65, and wish to Register for the Bert Rayburn Memorial Trophy which is awarded to the senior citizen obtaining the most points in all sections of the hall exhibits.

(Please check box if yes) ☐

Please check box if you are a first time exhibitor at Caledon Fall Fair. ☐

EXHIBITOR'S NUMBER ☐

NAME: _____

FULL ADDRESS: _____

_____

_____ P.C. _____

(Please include your Municipal House Number and Name of Street or Road as we try to save postage costs when feasibly by Hand-delivering books, cheques, etc.)

PHONE NUMBER (____)-_____

The Caledon Agricultural Society, operating the Caledon Fall Fair, is not responsible for damages or losses of goods exhibited. The undersigned entrant agrees to abide by the rules and regulations as printed in the Prize List.

Signed: _____