Port Hope & District Agricultural Society

P.O. Box 283, Port Hope, ON L1A 3V9
www.PortHopeFair.com / 905-396-FAIR (3247)

PLEASE PRINT CLEARLY **Exhibitor's Number:** ☐

_____ **Junior (under 12 years)** ☐
FIRST NAME **SURNAME**

_____ **Intermediate (13-18 years)** ☐
MAILING ADDRESS

_____
TOWN **POSTAL CODE** **TELEPHONE NUMBER**

IMPORTANT: Please fill in your entries on this form. Print two copies. One copy to be given or mailed to Secretary, second copy to be returned to the Secretary with winnings recorded within 10 days after the Fair.

Section	Class	Description of Entry (Use wording in Fair Book)	1st	2nd	3rd	4th	other	Prize Value $
							Total	**$**

To the President and Secretary:
I, the undersigned, propose to exhibit at the Port Hope Fair.
The articles, produce or livestock listed are entered for exhibition in accordance with the regulations contained in the society's list,
The information given above is considered private. I give permission to the Port Hope & District Agricultural Society to collect this information for its use only.

Office Use Only

Total Won _____

* Cash paid at Fair (Junior only) _____

Retained for membership (adult only) _____

Amount of cheque _____

_____ _____
Signature of Exhibitor **Date**

* **Signature for cash paid at the Fair** _____