

Port Hope & District Agricultural Society

P.O. Box 283 Port Hope, ON L1A 3V9

www.PortHopeFair.com / 905-396-FAIR (3247)

Drop-off exhibits at the Fairgrounds located at 62 McCaul Street

PLEASE PRINT CLEARLY

Exhibitor's Number:

FIRST NAME

SURNAME

Junior (under 12 years)

MAILING ADDRESS

Intermediate (13-18 years)

TOWN

POSTAL CODE

TELEPHONE NUMBER

EMAIL

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)	1 st	2 nd	3 rd	4 th	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