MARKDALE FALL FAIR - EXHIBITOR ENTRY FORM

Exhibitor Number:

Exhibitor: Please list entries below, sign and return to the Secretary no less than 1/2 hour before judging

The following entries are according to the rules and regulations of the MARKDALE AGRICULTURAL SOCIETY

No pick-ups on hall exhibits before 4:30 p.m. on ~~Sunday~~ Saturday of the Fair. NO EXCEPTIONS.

MEMBERSHIP FEE $~~5~~7.00

Name of Exhibitor: _____ Email: _____

CLASS	SECTION	Office only		CLASS	SECTION	Office only		CLASS	SECTION	Office only	
		PRIZE	AMOUNT			PRIZE	AMOUNT			PRIZE	AMOUNT

Any personal information collected by the Markdale Agricultural Society regarding exhibitors will be solely used for the purposes of promotion of the Society and the Markdale Fall Fair for processing payment of prize monies, for publication of the winner's names in the local papers; and for the maintenance of their files and database. An exhibitor realizes that when they agree to take part in the Markdale Society and Fall Fair, that their names may be published for these reasons only. None of this information, whatsoever, will be sold or transferred to any outside party for any reason.

By signing this form, I acknowledge that I have read the above statement

Exhibitor signature: _____ Telephone: _____

Address (include fire number) : _____

Town: _____ Postal Code: _____ Age: (For Jr. & Sr. Classes) _____

Yes, I would like to donate my winnings back to the Fall Fair ☐

Make sure to include all entries on this sheet!