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|-------------------|--|
| Exhibitor's Name: | |
| Address: | |
| City: | |
| Province: | |
| Postal Code: | |
| Phone Number: | |
| Fax Number: | |
| Email Address: | |

Richmond Agricultural Society

Beef Cattle Entry Form

Entries close on September 5, 2017

You can enter your information directly into the computer, print off a copy by setting your printer to print landscape instead of portrait, and mail this along with Proof of Liability Insurance to

Richmond Agricultural Society

| For Office Use Only | |
|-------------------------------|-------|
| Exhibitor No: | _____ |
| Total Entry Fees: | _____ |
| Exhibitor Fee: | _____ |
| Stalls: | _____ |
| Total: | _____ |
| Paid: | _____ |
| Mail to: | |
| Richmond Agricultural Society | |
| P.O. Box 1210 | |
| Richmond, Ontario | |
| KOA 2Z0 | |

| Section | Class | Office Ring No. | Name of Animal | Reg. No. | Date of Birth | | | Sex M/F | | Name of Sire or Dam | Reg. No. |
|---------|-------|-----------------|----------------|----------|---------------|-----|------|---------|------|---------------------|----------|
| | | | | | Mo. | Day | Year | | | | |
| | | | | | | | | | Sire | | |
| | | | | | | | | | Dam | | |
| | | | | | | | | | Sire | | |
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| Insurance Information | |
|----------------------------------|--|
| Name of Liability Insurance Co.: | |

Breed:

Beef Cattle Entry Form

| | |
|--------------|--|
| Policy No: | |
| Expiry Date: | |

Number of Animals:

Friday

Saturday

Sunday

Declaration: Having in my possession at this time, a copy of the current rules and regulations of the Richmond Agricultural Society, I (we) make all entries subject thereto, at my (our) risk. I (we) further agree to hold said Society harmless from any claim or demand arising out of the application of said rules.

Signature of Authorized Signing Officer of Exhibitor or Tenant: _____ Print Name: _____
Signature of Parent or Guardian if Exhibitor is under 18 years of age: _____ Date: _____

This form does not constitute an entry form unless properly signed.