



# TRIVIA NIGHT REGISTRATION

Team Name: \_\_\_\_\_

Team Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Team Members Names:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_

**\*Payment:**     Cash  
                  Cheque (made payable to "Stratford & District Agricultural Society")  
                  Etransfer ([accounting@stratfordfairgrounds.com](mailto:accounting@stratfordfairgrounds.com)) Auto deposit enabled

**\*Please complete & email [admin@stratfordfairgrounds.com](mailto:admin@stratfordfairgrounds.com)**