Stratford & District Agricultural Society

FALL FAIR ENTRY FORM

The following entries are made according to the Rules and Regulations of the Stratford & District Agricultural Society, Which I hereby accept.

Name:_____ Date:_____

Address:_____ Exhibitor No. _____

City:_____ Postal Code:_____

School:_____ Grade:_____

Email:_____ Age if under 18_____

Section	Class	Description	Office Use Only	

HOMECRAFT AND SCHOOL FAIR EXHIBITORS WILL USE THE SAME FORM

TURN PAGE OVER...

Section	Class	Description	Office Use Only	
			TOTAL WON	
			2024 Membership	
			Amount Due to Exhibitor	

Signature		Exhibitor #	