



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) Auto deposit enabled

***Please complete & email admin@stratfordfairgrounds.com**