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:_____Exhibitor Number:_____

Address:_____City: _____

Postal Code:_____Phone Number:_____

Emaill:_____

School:_____Grade:_____

Section	Class	Description