

Date: _____

New Liskeard Agricultural Society
Dairy Director: please contact Sec. Janice Lancaster before completing this form
Phone: 705-647-4242 Email: nfallair.entryfees@gmail.com

Exhibitor # (on membership card): _____

ENTRY DEADLINE: SEPTEMBER 6, 2023

Exhibitor Name: _____

Mailing Address: _____

City/Town: _____

Phone: () _____ Fax: () _____

Email: _____

Class #	Name of Animal	Reg. #	Date of Birth M/D/Y	Name of Sire	4-H	Entry Fee

ALL ANIMALS MUST HAVE PLASTIC PANEL NLID TAG

Total Entry Fees	\$ _____
2023 Membership Fees (\$5.00)	\$ _____
Extra Weekend Passes Needed (\$25/pass)	\$ _____
Vehicle Pass (\$20/pass)	\$ _____
TOTAL	\$ _____

Having in my possession, the rules and regulations of the New Agricultural Society, and any other rules, policies, and requirements associated with the fair, I (we) agree to abide by these rules and regulations and make this entry subject thereto at my (our) own risk. I (we) shall indemnify and hold harmless the New Liskeard Agricultural Society, its members, agents, employees from and against all claims. I (we) agree to allow photos and videos to be used for marketing purposes.

Signature

Date