

OWNER'S NAME (cheque payable to): _

(Mandatory Information for Mailing Purposes: INCLUDE 911 #'s):

HORSE DEPARTMENT ENTRY FORM

See prize list for rules & entry deadlines

<u>Stalls & Straw:</u> If you require stalls & straw, please fill in a Stall & Straw Request Form in advance.

172 South Drive Simcoe, ON N3Y 1G6 Phone: 519-426-7280 Fax: 519-426-7286

Website: www.norfolkcountyfair.com Email: ncf@norfolkcountyfair.com PREMISE ID: ON4214762

DO NOT WRITE BELOW FOR OFFICE USE ONLY	

MAILING	S ADDF	RESS:	POSTAL CODE:		
TOWN / CITY		7	ELEPHONE: EMAIL	;	
BREED:		O.E.F. # or P	roof of Insurance-attached copy of current # (pho	otocopies accepted)	
Division	Class	Class Description	Name of Horse (s)	Rider or Driver (If different than owner)	Entry Fee (If Applicable)

Privacy and Security Policies:

The privacy of our exhibitors is never compromised. We will collect, use, disclose and retain personal information only for the purpose of our competitions at the Norfolk County Fair and/or for sending information such as prize payouts, prize books and from time to time information about upcoming events. We will not sell, rent or lease any personal information collected. Access is only given to employees and Directors of the Fair who must use the personal information for the reason for which it was obtained.

ALL ENTRY FORMS MUST BE RECEIVED AT THE FAIR BOARD OFFICE ON OR BEFORE 5:00PM on the Saturday 10 days prior to the opening of the Fair.

ENTRY FORMS WILL NOT BE ACCEPTED AFTER THIS DATE

NO TELEPHONE ENTRIES WILL BE ACCEPTED. FAXED ENTRIES MUST HAVE FEES AND ORIGINAL FORWARDED TO OFFICE ECA (802.6) PRIOR TO FAIR.

I hereby enter the above listed horse(s) at my own risk and subject to the rules of the Norfolk County Fair. I understand that the "sport of horses" is a high-risk sport and that I am participating at my own risk and in the full knowledge that there is some element of risk that an accident could occur and result in injury or death of the rider or their mount. I also understand that while participating in this high-risk sport, it is recommended that I wear a helmet with a fixed harness while mounted. By not wearing, proper safety headgear, I fully accept all responsibilities for my actions. In consideration of acceptance of this entry I agree to save harmless the Norfolk County Agricultural Society, its organizers, respective agents, servants, and representatives from and against all claims, actions, costs, expenses and demands in respect of death, injury, loss, or damage to my person or property however caused. See article A(801) and A(602.7) in EC General Reg.

SIGNATURE OF OWNER OR AGENT:

See Waiver Signatures Needed on Reserve Side

Exhibitor Fee:		

Entry Fees: ______(If Applicable)

Total:

Cheques payable to "Norfolk County Fair"

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SIGNATURE OF RIDER/DRIVER:
SIGNATURE OF HANDLER:
SIGNATURE OF PERSON RESPONSIBLE/GROOM/ATTENDANTS: