

ONE ENTRY PER EXHIBITOR

LINDSAY EXHIBITION 354 Angeline Street South P.O Box 752 Lindsay, ON K9V 4W9 Tel (705) 324-5551 Fax (705) 324-8111 Email: fair@lindsayex.com www.lindsayex.com

## LINDSAY EXHIBITION

## **Heavy Horse Show**

ENTRY DEADLINE: Wednesday, September 4, 2024 LATE ENTRIES CLOSE: Wednesday, September 11, 2024

LATE ENTRY FEE: \$5.00

Office Use Only

Exhibitor #: Date:

**CAMPING? REMEMBER TO SUBMIT** Premises ID: ON4209355 **A REGISTRATION FORM!** Owner/Farm Name

Exhibitor Name:			Owner/Farm Name:				
Address (for p	rize money):		•				
Phone:			Email:				
Parent/Guardian (for juniors):			Parent/Guardian Phone:				
Insurance Co.	Insurance Co. Name:				Expiry:	Expiry:	
Prize Money P	ayable to:		•		•		
Division, Class	Registration #	Horse Name	DOB YYYY-MM-DD	Pedigree	Breeder's Name	Entry Fee	
				S D			
				S D			
				S D			
				S D			
				S D			
				S D			
				S D			
Having in my	nossession the rule	se and regulations of the Lindsay Ev	hibition (LEX) I (we)	agree to abide by these rules	Total		
Having in my possession, the rules and regulations of the Lindsay Exhibition of and regulations and make this entry subject thereto at my (our) own risk. I (we Lindsay Agricultural Society or LEX, its members, agents, and employees from allow photos and videos to be used for marketing purposes.  Signature of Exhibitor:					Admin Fee	\$10.00	
			ees from and against all claims. I (we) agree to		Stall Fees	5	
				Method of Payment:	Total		
			Cash ( )		Total # Horses		
			Chq ( ) Debit ( ) Come into the LEX office during office hours Credit ( ) Call the LEX office to process credit/debit visa paym E-Transfer ( ) Email: finance@lindsayex.com make sure to include exhibitor name.				

Division, Class	Registration #	Horse Name	DOB YYYY-MM-DD	Pedigree	Breeder's Name	Entry Fee
				S		
				D		
			!	S		
				D		
				S		
				D		
				S		
				D		
				S		
				D		
				S		
	<u>                                       </u>			D		
				S		
				D		
				S		
				D		
				S		
				D		
				S		
				D		
				S		
				D		
			:	S		
				D		
			:	S		
				D		
				S		
			<b> </b>	D		
			[:	S		
				D		
			1:	S		
				D		
				S		
	1			D		
				S		
				D		
			Please complete tot	tal fees on the other side.	Sub To	tal Ś