

Please Print Clearly
Exhibitor's Name & Address.

Mr. Mrs. Miss.

Markham Fair Horse Show Entry Form

Date _____ (____)____-____ Telephone _____

First Name _____ Last Name _____

E-mail _____

Street _____

Date of Birth: _____ (Age 20 and Under Only)

Town _____ Postal Code _____

Each exhibitor must have his/her own entry form.
Additional forms may be obtained from Markham Fair. This entry form must be in the office of the Sec.-Manager of Markham Fair, 10801 McCowan Road, Markham, ON L3P 3J3, by the dates set forth in the Prize Book. Tel: (905) 642-FAIR Fax:(905) 640-8458

Have you entered in previous years? Yes No

Have you changed your address since last entering? Yes No

#	Office Use Only Horse No.	Name of Horse	M - Mare S - Stallion G - Gelding	Section	Class Number(s) Entered	Handler/Rider/Driver's Name	Office Use Only - Prizes		
							Class	Place	Amount
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Declaration & Release (Must be signed) Parent/Guardian must sign for exhibitors under 18.

Note: Participants will be required to sign a waiver form at the event. Participants cannot complete until the waiver is completed. Waiver will be provided by your Section Committee Chairperson.

Privacy Policy: Markham and East York Agricultural Society ("Markham Fair") is committed to maintaining the accuracy, security and privacy of personal information. Please visit our web site for complete Privacy Policy details: www.markhamfair.ca/about/privacy

This is to certify that these animals are properly vaccinated in accordance with the guidelines set by the CFIA.

Signature of Exhibitor/Parent/Guardian

Owners: _____

Breed Affiliation _____

Handler/Rider/Driver: _____

Breed Membership No.: _____



Performance & Breeding Classes \$5.00 x _____ = _____
Section # 86

Stakes Classes: Section # 86 \$10.00 x _____ = _____

Office Use Only
Exhibitor # _____

Exhibitor's Fee _____ \$5.00

Total: \$ _____

Method of Payment

- Cash Mastercard
 Visa Cheque
 Debit

For Office Use Only

Balance Owing: \$ _____

Initials: _____

Adjustment

\$ _____

To Be Paid

\$ _____

#	Office Use Only Horse No.	Name of Horse	M - Mare S - Stallion G - Gelding	Section	Class Number(s) Entered					Handler/Rider/Driver's Name	Office Use Only - Prizes		
											Class	Place	Amount
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29													

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Tel: (905) 642-FAIR) Fax:(905) 640-8458

Thank you for entering and Good Luck!



Instructions

1. Complete all contact information
2. Add description of entries exhibited
3. Calculate the entry fees and pay
4. Sign your form