

COMPLETED ENTRY FORMS MUST BE RETURNED BEFORE 5 p.m. ON MONDAY PRECEDING OPENING DAY OF THE FAIR

FOR OFFICE USE ONLY	
Exhibitor Number	_____
Cards: Completed	_____
In computer	_____
Picked up	_____
Exhibitors Fee enclosed:	_____
Entry Fees enclosed:	_____
"Please add 7%G.S.T.' onto entries fees	

BINBROOK AGRICULTURAL SOCIETY

FAIR EXHIBITOR ENTRY FORM

SENIOR DEPARTMENT (ONLY)

NAME: _____ PHONE: _____

MAILING ADDRESS: Street/Box Number _____

Town/City _____ Postal Code _____

E-Mail: _____

ENTRIES TO BE SENT EARLY TO: Secretary-Treasurer, BAS, Box 244, Binbrook, ON L0R 1C0
Fax: 905-692-1434 OR web site: www.binbrookagriculturalsociety.org OR e-mail: info@binbrookagriculturalsociety.org

THE FOLLOWING ENTRIES ARE MADE ACCORDING TO THE RULES AND REGULATIONS OF THE BINBROOK AGRICULTURAL SOCIETY WHICH I HEREBY ACCEPT.

Entry #	Class	Section #	EXHIBIT - PLEASE USE PRIZE LIST WORDING ONLY
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Entry #	Class	Section #	EXHIBIT - PLEASE USE PRIZE LIST WORDING ONLY
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