

NORWOOD FALL FAIR EXHIBITOR ENTRY FORM

Name: _____ **Exhibitor #** _____

Address: _____

City: _____ **Postal Code:** _____

Phone: _____

There are no entry fees, membership fees or monies withheld from your winnings.

All exhibitors subject to daily admission of \$10.00

Entry form to be mailed to Box 377, Norwood, ON or faxed to 705-639-5468 by September 20th.

Class (Required)	Section (Required)	Description (Optional)

Having in my possession at this time a copy of the Rules and Regulations of the Norwood Fair. I (we) make this entry subject hereto at my (our) risk. I (we) further agree to hold said Association harmless from any claim or demand arising out of the application of said Rules & Regulations.

Please Print Clearly: Surname _____ First Name _____

Signature of Owner or Agent _____

THIS FORM DOES NOT CONSTITUTE AN ENTRY UNTIL PROPERLY SIGNED