Exhibitor Number

ENTRY FORM
For All Competitions

ENTRY FEE PAID

$ _____

_____
YEAR

Send entries to:

Woodbridge Agricultural Society
RPO Woodbridge, P.O. Box 56665
Woodbridge , Ontario, L4L 8V3

For Information Call 905-265-1782

EXHIBITOR NAME: _____

EXHIBITOR ADDRESS: _____

_____

POSTAL CODE: _____ PHONE: _____

EMAIL ADDRESS: _____

CLASS	SECTION	DESCRIPTION - from Prize Book

I hereby enter the above at my own risk and subject to the rules of the Woodbridge Fair. I agree to make no claims against the show.

SIGNATURE: _____