

Date Received

QUEENS COUNTY FAIR 2009
Box 54 Caledonia, Queens County NS B0T 1B0

ENTRY #

LIVESTOCK ENTRY FORM
Entries Close September , 2009
HST # 125906693
HST is included in fees where applicable

Name : _____ # of Animals Entered _____

Address: _____

Postal Code: _____ Phone # _____

E-mail Address: _____

FEES PAYABLE		TOTAL FEES DUE
TOTAL LIGHT HORSE CLASS FEES		
CLASS FEES - DRAFT HORSE , OXEN	_____ @ \$ 1.00 per Class	
ENTRY FEE - ALL LIVESTOCK	_____ @ \$ 3.00 per Head	
DRUG TEST FEE - Pulling Horses	_____ @ \$ 5.00 per Head	
ADULT EXHIBITOR BRACELET	_____ @ \$12.00 each	
ADULT EXHIBITOR DAY PASS	_____ @ \$ 4.00 Per Day	
CHILD EXHIBITOR BRACELET	_____ @ \$ 2.50	
CAR PASS	_____ @ \$5.00	
CAMPING FEE- Same Spot as Last Year () Yes () No	\$ 60.00 for Week Length of Trailer _____ft	
NIGHTLY CAMPING FEE : Length of Trailer _____ft	_____ @ \$10.00 per Night	
ADDITIONAL ADULT PASS Name :	_____ @ \$20.00	
ADDITIONAL CHILD PASS Name:	_____ @ \$ 5.00	
BOX STALL FEE	_____ @ \$20.00	
BACK NUMBER (Light Horse)	_____ @ \$1.00	
Date of Birth for Exhibitors under 18 _____	TOTAL DUE	
() Copies of Registration Papers Attached	TOTAL ENCLOSED () Cash () Cheque	
() Proof of Insurance Attached	BALANCE OWING	

() Check if 4-H Project		
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PLEASE INCLUDE PROOF OF INSURANCE
Waiver on the Entry Form MUST be signed.

Please Read Carefully

This document will affect your legal rights and liabilities.

I Hereby Agree to Abide by The Rules And Regulations of the Queens County Fair Association
 I understand that the sport of horses is a high risk sport and that I am participating at my own risk
 and in full knowledge that there is some element of risk that could occur and result in injury or
 death to the rider and / or their mount. In consideration of being allowed to take part in this event,
 I agree to save harmless and keep indemnified the Queens County Fair Association ,organizers,
 and their respective agents , officials , servants and representatives from and against all claims ,
 actions , costs and expense and demands in respect of death , injury , loss or damage tp my person
 or property however caused , arising out of or in any connection with my taking part in this event
 and not withstanding that the same may have been contributed to or occasioned by the negligence
 of the Queens County Fair Association , their agents , officials , servants or representatives. It is
 understood and agreed that this agreement is binding on myself heirs and assigns.

Signature of Rider
 Date : _____

Signature of Owner / Agent
 Date: _____

I acknowledge as Parent / Guardian of _____ that I
 have read and fully understand and agree with the terms and conditions stated herein on behalf of
 _____ and myself.

Signature of Parent / Guardian : _____ Date : _____

If rider and / or owner is under 18 years , the parent or guardian must sign above.

