KINGSTON & DISTRICT AGRICULTURAL SOCIETY

KINGSTON FALL FAIR ENTRY FORM

Ph: (613) 542-6701 **Fax: (613) 542-9560** **Email: kdas@kos.net** **Website: www.kingstonfair.com**

PLEASE PRINT:

Exhibitor # _____ **Membership: Paid _____** **Due _____** **Type: Adult _____** **Jr. _____** **4-H _____**

Exhibitor's Name: _____

Mailing Address: _____

_____

_____

Postal Code: _____ **Phone:** _____ **Email:** _____

Office Use: Waiver_____ **Proof of Liability _____** **Signature** _____

The undersigned desires to exhibit the named items at the Kingston Fall Fair and does affirm and certify that the proposed items to be exhibited are entered in accordance with the rules and regulations as stated in the prize book. The undersign further agrees to be governed in all cases by the rules relating to the items so mentioned.
Personal information on this form is collected under the **Privacy Policy** of the Kingston & District Agricultural Society will be used for the normal operations of the Kingston & District Agricultural Society and the Kingston Fall Fair. By completing and submitting this form, the EXHIBITOR consents to the information being used by the said parties, for the said purposes.

Signature: _____ **Date:** _____

Class	Section	Description of exhibit (Prize list wording)

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