Alvinston Fair Exhibitor Form

PLEASE SUBMIT YOUR FORM TO:

Brooke-Alvinston & Watford Fall Fair
3310 Walnut Street,
Alvinston, Ontario
Email: info@alvinstonfair.com

Exhibitor Number _____

Organization*_____

Full Name* _____

Street Address* _____

Address Line 2 _____ City: _____

Province: _____ Postal Code: _____

Email* _____ Phone* _____

Age at the time of the Fair (if under 18) _____

Have you entered in previous years? Y / N Have you changed your address since last entering? Y / N

ENTRY DETAILS

Class #	Section #	Section Description (Use Wording from the Fair Book)

ENTRY DETAILS CONTINUED...

Class #	Section #	Section Description (Use Wording from the Fair Book)

If you are under 18 please include a guardian's details below.

Guardian's Name _____ Guardian's Phone Number _____

FOR OFFICIAL USE ONLY

Total Number of Items Entered _____

Total Entry Fees: _____

Exhibitor Fee: _____

Total Fee: _____

Amount Paid: _____