ENTRY FORM

DO NOT WRITE IN THIS SPACE

Exhibitor's Name:		**No. Of Entries:**	
Address:		**Fees:**	
City:	**Postal Code:**	**Prize Money:**	
Phone # or Email:			

No. of Entries:

Section No.	Description	Fee	DO NOT WRITE IN THIS SPACE 1	2	3	Amount

I agree to abide by the Rules & Regulations of the Competition

Exhibitor's Signature

☐ Donate Prize winnings to Rossland Fall Fair

Entry Forms must be in the hands of the Rossland Fall Fair Directors not later than 7:00 p.m., Friday, September 6, 2024