

# CANADIAN CHEESE & BUTTER ENTRY FORM 2020



ENTER ON-LINE: WWW.ROYALFAIR.ORG or MAIL ENTRIES TO:

The Royal Agricultural Winter Fair  
Agriculture Show Office  
39 Manitoba Drive  
Exhibition Place  
Toronto, Ontario, M6K 3C3

Phone: (416) 263-3418  
Email: entry@royalfair.org  
Fax: 416-263-3488

BUSINESS NAME: \_\_\_\_\_ BRAND NAME: \_\_\_\_\_

CHEESEMAKER: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN/CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ PLANT REGISTRATION #: \_\_\_\_\_

TEL: ( ) - FAX: ( ) - EMAIL: \_\_\_\_\_

I am a new exhibitor to the RAWF

Please indicate if your cheese is made with 100% Ontario cow's milk for eligibility in Section 801, Cheddar Cheese, Class 6  YES

SECTION	CLASS	PRODUCT NAME/VARIETY/DESCRIPTION <small>Detailed description required for results posting</small>	FEE

PLEASE PROVIDE YOUR SOCIAL MEDIA HANDLES IF AVAILABLE TO ALLOW US TO FEATURE WINNERS ON VIRTUAL PLATFORMS.

INSTAGRAM: @  
FACEBOOK: @

I CONSENT TO MY CONTACT INFORMATION BEING SHARED WITH METRO SHOULD THEY BE INTERESTED IN MY PRODUCT FOR THE METRO LOCALLY SOURCED PROGRAM:  YES  NO

## PAYMENT CHANGES IN 2020

Credit Card payment (Visa or Mastercard) can ONLY be processed via our online entry system at www.royalfair.org.

Paper entry forms must be mailed to the above address and accompanied by a cheque payable to: Royal Agricultural Winter Fair

**ENTRIES WILL NOT BE PROCESSED WITHOUT APPROVED PAYMENT**

ENTRY FEE TOTAL \$

Administration Fee

\$10.00

TOTAL FEES

Plus 13% HST (R104642772)

TOTAL DUE

By submitting these entries to the RAWF, the undersigned agrees to abide by all the rules and regulations of the RAWF, including the Code of Conduct. The undersigned hereby releases the RAWF, any sponsoring organization and all persons acting on their behalf from all claims and demands whatsoever arising out of the above entries. The undersigned acknowledges that the RAWF, its employees and agents shall not be held responsible for any damages, injury, loss, cost or theft, however caused, relating to the above entries, or suffered by the undersigned or its employees and agents.

Signature of Exhibitor/Owner \_\_\_\_\_ Date \_\_\_\_\_