CHEESE & BUTTER ENTRY FORM 2019

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

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

After September 9th, 2019:
Tel: 416-263-3418 Fax: 416-263-3468

The Royal AGRICULTURAL WINTER FAIR

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

Please indicate if your are picking up your entries on Sunday, November 10: ☐ YES

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

Please tell us the name of your local Newspaper:

Contact Information
Email: Tel:

Payment by: ☐Cheque – (Payable to Royal Agricultural Winter Fair)
☐ Credit Card: ☐ Mastercard ☐ Visa (please check one)

Credit Card # __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __

Expiry Date: ___ / ____ (month/year) CVV:_____

Name of Cardholder: _____

Signature of Cardholder: _____

ENTRIES WILL NOT BE PROCESSED WITHOUT APPROVED PAYMENT

ENTRY FEE TOTAL $	
Admission Pass – $25.00 each	
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 under signed 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_____