

CHEESE AND BUTTER ENTRY FORM 2023

ENTER ONLINE: WWW.ASSISTEXPO.CA/RAWF or MAIL ENTRY FORMS TO:

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

Phone: (416) 263-3418
Email: entry@royalfair.org
Fax: 416-263-2488



COMPANY NAME: _____ CONTACT NAME: _____

ADDRESS: _____ TOWN/CITY: _____

PROVINCE: _____ POSTAL CODE: _____ PHONE/CELL #: _____

EMAIL : _____ PLANT REGISTRATION #: _____

☐ 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	BRAND NAME (If applicable)	CHEESE or BUTTER NAME	DESCRIPTION / STYLE	FEE
802	1	XXX Company	YYY	Ricotta	\$45

Please provide your social media handles if available to allow us to feature winners on virtual platforms.

INSTAGRAM:
FACEBOOK:

ONTARIO ONLY

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 2023

Credit Card payment (Visa or Mastercard) can ONLY be processed via our online entry system at WWW.ASSISTEXPO.CA/RAWF

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

TOTAL FEES

PLUS 13% HST
(R104642772)

TOTAL DUE

\$10.00

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 company representative _____ Date _____