For Office Use Only
Membership Number
_____

COMPETITION ENTRY FORM

(Homecrafts, Photography, Culinary Arts, Flowers, Fruit & Vegetables)

Ph: (613) 542-6701 ext. 2Email: kingstonfallfair@gmail.com Website: www.kingstonfair.com

Type: Adult ____ Junior _____ Age of Junior: ____ New (first year) Exhibitor: YES NO (circle one)

Exhibitor's Name: _____

Mailing Address: _____

Postal Code: _____ **Phone**: _____ **Email:** _____

The undersigned desires to exhibit the named items at the Kingston Fall Fair and does affirm and certify that the proposed items to be exhibited are entered in accordance with the rules and regulations as stated in the prize book. The undersigned further agrees to be governed in all cases by the rules relating to the items so mentioned.
Personal information on this form is collected under the **Privacy Policy** of the Kingston& District Agricultural Society will be used for the normal operations of the Kingston & District Agricultural Society and the Kingston Fall Fair. By completing and submitting this form, the EXHIBITOR consents to the information being used by the said parties, for the said purposes.

Signature: _____ **Date:** _____

CLASS	SECTION	DESCRIPTION OF ENTRY

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