Halifax County Exhibition

PO Box 161 Middle Musquodoboit, NS B0N 1X0 Phone: 384-2894 Fax: 384-2446

Entry Form – Draft Horse

Owner/Exhibitor: _____

Name of Horses: _____ Animals Birth Date: _____

Address (including postal code): _____

Phone#: _____ Email: _____

Sign here to give permission to contact you by email: _____

Section	Class	Description	Weight Division

Please fill accordingly, and please use the back page, photocopy form as needed.

Special Instructions:

Proof of liability insurance **MUST ACCOMPANY** this form **–** please attach a copy. Full payment **MUST ACCOMPANY** this form.

IF ALL THE ABOVE DOES NOT ACCOMPANY YOUR ENTRY IT WILL BE DEEMED INCOMPLETE AND WILL NOT BE PROCESSED.
FOR A FULL REFUND, A VET CERTIFICATE MUST BE PRESENTED TO WITHDRAW FROM THE COMPETITION.

_____# of Entries @**$6.00**	
_____Straight Stall @ **$15.00**	
Please include any exhibitors you would like to be close to for stall arrangement purposes	
Name:	Name:

Wagon Number @ **$10.00** Refunded when returned to office	
Extra Week Bracelets@ **$30.00**	
General Parking pass @**$10.00**	
Total:	

I agree that the Middle Musquodoboit Agricultural Society, its employee's agents, or servants shall not be liable for any loss to an exhibitor, his or her employees, agents or servants which may have been occasioned by fire, accident, condition of the structure or the negligence of other exhibitors, officials or otherwise howsoever. I agree that I or any of my agents will not tamper with any livestock on the exhibition grounds. Tampering will be handled the same as any other breach of the code of ethics.

Signature _____ Date _____

Participants under the age of 18 must have the form signed by a parent or guardian.