



PROVINCIAL WINTER FAIR

OPEN & YOUTH OPEN LAMB ENTRY FORM

SEPTEMBER 26-29, 2014
Live Beef & Lamb Auction Monday, September 29, 2014

OPEN SINGLE LAMB - \$ 15.00
OPEN YOUTH (Pre-Club) LAMB \$ 15.00
GROUP OF 3 LAMB \$ 20.00
EXHIBITOR FEE \$ 5.00

GST (on ALL fees) 5% **Total Amount Enclosed \$** _____

RETURN THIS FORM TO: **PROVINCIAL WINTER FAIR**
c/o PWF Secretary, pwfsecretary@gmail.com
1290 West Trans Canada Hwy, Kamloops BC, V2C 6R3
www.provincialwinterfair.com

ENTRIES CLOSE: August 15- POST ENTRIES ONLY ACCEPTED AFTER THAT DATE
POST ENTRY FEE - \$25.00 (non taxable) PLUS ORIGINAL ENTRY FEE PLUS GST - Deadline August 31

I hereby make entry for this competition of: (PLEASE MAKE SURE ALL INFORMATION IS COMPLETE AND CORRECT).

OPEN LAMBS

CLASS	# OF ENTRIES	Ear Tag # 's (Mandatory at registration)
YOUTH (Pre-Club) Lamb (Ages 5-9yrs) *Youth Open Showmanship & Weight Class	_____	_____
Open Single Lambs	_____	_____
Group of 3 Lambs	_____	_____
Tag #'s: _____, _____, _____		

CLIPPING and BLOWING – All entries clip and blow animals at home two weeks prior to bringing them to the show in(in all possible cases). All OPEN LAMBS must be in the pens no later than 7 p.m., THURSDAY of the Fair. **NO ENTRIES WILL BE ALLOWED IN THE BARN BEFORE 8 a.m. Thursday of the fair.**

WEIGH-IN: All LAMB Projects must be Weighed and Tagged on the Thursday of the fair in order to qualify for the showing at Provincial Winter Fair.

I have read and hereby accept the rules and conditions governing the show and sale as printed and agree to abide by the decision of the Committee. I agree, by my signature that I will in no way hold the Provincial Winter Fair Society nor its officials, responsible for damage, injury or loss to persons, animals or property under my responsibility.

Name of Contributor _____
Please print

Full Mailing Address: _____

Phone number _____

EMAIL: _____

Date of Birth for the Youth (Pre –Club) Lamb Contributor: _____

Youth (Pre-Club) Contributor affiliated with: _____ 4-H Club (if applicable)

Signature of Contributor or Guardian _____ Date: _____

Office Use Only, please leave blank
Receipt #: _____
Payment Type: _____
Amount Paid: _____
Camping Pass #: _____