



EXHIBITOR SUMMARY/ CLINIC REGISTRATION

ENTRY DEADLINE: MARCH 20, 2017

EXHIBITOR: _____

AGE OF EXHIBITOR AS OF DECEMBER 31, 2016: _____

ADDRESS: _____ POSTAL CODE: _____

TEL: _____ FAX: _____ EMAIL: _____

SIGNATURE: _____ **DATE:** _____

(SIGNED BY LEGAL GUARDIAN IF UNDER 18 YEARS OF AGE)

I HEREBY DECLARE THESE ENTRIES ARE MADE IN ACCORDANCE WITH THE RULES OF THE SHOW.

ENTRY FEES

(GST included in all fees)

Beef Expo Clinic Participant includes GST	<u>1</u> x \$63.00 = \$ 63.00
Complimentary Parent Admission(1 Parent)	_____ x N/C = \$ 0.00
Heifer Show - Entry Fee of \$25.00 + GST	_____ x \$26.25 = \$ _____
Steer Show- Entry Fee of \$25.00 + GST	_____ x \$26.25 = \$ _____
Enviromental Fee - \$5.00 + GST/ Entry	_____ x \$5.25 = \$ _____
Extra Lunch Tickets for seminar	_____ x \$15.75 = \$ _____

(1 Complimentary Lunch tickets for exhibitor & 1 for parent included if requested above - advance purchase of extra lunch tickets required)

TOTAL FEES \$ _____

**FAXES WILL BE CONSIDERED AN ENTRY.
PAYMENT MUST BE RECEIVED BEFORE FAXED ENTRIES WILL BE PROCESSED.**

RETURN TO: Saskatoon Prairieland Park
Box 6010, Saskatoon, SK S7K 4E4
Tel: (306) 931-7149 Fax: (306) 931-7886
GST# 121676126

CR CARD #: _____
EXPIRY DATE: _____

FOR OFFICE USE ONLY:

AMT REC'D: _____ RECEIPT #: _____