

# 2018 Milton Fair Sportpony Entry Form • Class 2A

Please submit entries prior to September **14, 2018**  
**A \$10.00 administration fee will be charged on Fair Day.**

**\*\*NEW FOR 2018\*\* ALL EXHIBITORS WILL PAY FULL GATE ADMISSION TO GROUNDS. THERE WILL NO LONGER BE ANY PERCENTAGE DEDUCTED FROM PRIZE WINNINGS.**

**No entries after 11:00 Fair Day!!**

**Please use a separate line for each section when making your entries!!**

**Send entries to:**

Halton Agricultural Society, 8490 Lawson RD, P.O. Box 142, Milton, Ontario, L9T 8T3  
 Email: [miltonfair@cogeco.net](mailto:miltonfair@cogeco.net) • Phone: 905-878-5689 • Fax: 905-875-1491

Section #	Sex S, M, G	Year of Birth	Registered Name	Rider / Owner

Please indicate if animal has previously qualified at another show. The person making entries (owner, lessee, trainer, manager, and/or driver) shall be subject to the rules of the show and will ensure that every entry and/or driver is eligible as entered, so signed.

By submitting these entries to the Halton Agricultural Society (Milton Fair), the undersigned releases Halton Agricultural Society (Milton Fair), any sponsoring organization, and all persons acting on their behalf from all claims and demands whatsoever which may arise in connection with any inspection or disqualification of the above entries.

The undersigned acknowledges that the Halton Agricultural Society (Milton Fair), and its officers shall not be responsible for any damage, injury, loss, cost, and/or theft, however caused, related to the above entries or suffered by the undersigned and/or its employees and/or agents.

**\*\* Provide a photocopy of OEF Membership or proof of \$2,000,000.00 Liability Insurance Coverage I hereby submit these entries to Halton Agricultural Society (Milton Fair) and, as an exhibitor, agree to abide by all the rules of the Halton Agricultural Society (Milton Fair).**

**\*\*Please provide Owner's name and information for all Sport Ponies entered at the Fair. Thank You\*\***

Signature of Owner and/or Agent and/or Trainer \_\_\_\_\_

Date \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

Print Name \_\_\_\_\_ Address \_\_\_\_\_

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