



# EXHIBITOR SUMMARY/ CLINIC REGISTRATION

**ENTRY DEADLINE: MARCH 23, 2018**

EXHIBITOR: \_\_\_\_\_

AGE OF EXHIBITOR AS OF DECEMBER 31, 2017: \_\_\_\_\_

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

(1 Complimentary Lunch ticket 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.**

<b>RETURN TO:</b> Saskatoon Prairieland Park Box 6010, Saskatoon, SK S7K 4E4 Tel: (306) 931-7149 Fax: (306) 931-7886 GST# 121676126	CR CARD #: _____  EXPIRY DATE: _____
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<b><u>FOR OFFICE USE ONLY:</u></b>	
AMT REC'D: _____	RECEIPT #: _____