

**2009 CHILLIWACK EXHIBITION
EQUESTRIAN ENTRY FORM**

7590 Lickman Rd, Chilliwack BC V2R 4A7 phone 604-824-8191
Office hours 9:00 – 4:00 pm

Name _____
Address _____
City _____ Postal Code _____
Phone _____ Fax _____
Email _____

Entry deadline – July 31, Mail to Chilliwack Exhibition or drop off at Chilliwack Exhibition Entry office. All entry forms must be submitted in sealed envelope with correct entry fees. Only one person per entry form. No fax entries accepted.

| Department | Section (Age) | Class(es) | Name of Horse | Entry Fee |
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| 3 day gate pass @ \$20 each | | | | |
| Total enclosed | | | | |

I, the undersigned, agree to be governed by the Rules and Regulations of the Chilliwack Exhibition as contained in the Prize List. I hereby release and hold harmless the Chilliwack Exhibition and/or any person in any way connected with or officiating at this show for loss, damage, or injury resulting from my participation in this show or related events.

Parent's signature _____ Exhibitor's Signature _____