

I hereby declare that this application is made in accordance with the rules and regulations of the Renfrew Agricultural Society.

I hereby acknowledge that the Renfrew Agricultural Society does not provide me with liability or property damage insurance coverage.

INSURANCE COMPANY _____

POLICY NUMBER _____

AGENT'S NAME _____

EXPIRY DATE OF POLICY _____

AMOUNT OF COVERAGE _____

(One million dollar coverage is recommended by the Renfrew Agricultural Society)

SIGNATURE _____

SIGNATURE OF PARENT OR GUARDIAN IF EXHIBITOR IS
UNDER 18 YEARS OF AGE _____

DATE _____

MEDICAL INFORMATION

ALLERGIES _____

DR'S NAME _____

PHONE NUMBER _____