

VEGREVILLE COUNTRY FAIR HORSE SHOW AUGUST 2026

FIRST NAME:	LAST NAME:
DATE OF BIRTH:	PHONE NUMBER:
MAILING ADDRESS:	
POSTAL CODE:	
EMAIL:	
MAKE OF VEHICLE & PLATE #:	
HORSE NAME:	BIRTH YEAR OF HORSE:

IF EXHIBITOR DOES NOT HAVE A BANK ACCOUNT TO DEPOSIT CQ WHAT NAME SHOULD CQ BE WRITTEN OUT TO?:

YOUTH CLASSES \$6	ADULT CLASSES \$8	OPEN & JUMPING \$10	JUNIOR STAKE \$25 SENIOR STAKE \$30	FUN \$5
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FEES & PAYMENTS		TOTAL
NUMBER OF YOUTH CLASSES	\$6 PER CLASS X _____ =	
NUMBER OF ADULTR CLASSES	\$8 PER CLASS X _____ =	
NUMBER OF OPEN CLASSES	\$10 PER CLASS X _____ =	
NUMBER OF JUNIOR STAKE	\$25 PER CLASS X _____ =	
NUMBER OF SENIOR STAKE	\$30 PER CLASS X _____ =	
YEARLING/ 2 YEAR OLD TRIFECTA <small>circle yearling or 2 year old</small>	\$45 PER HORSE X _____ (additional fee to enter trifecta)	
NUMBER OF FUN CLASSES	\$5 PER CLASS X _____ =	
BOX STALL # OF NIGHTS	X \$20 PER NIGHT X _____ =	
BAGS OF SHAVINGS #	X \$10 PER BAG X _____ =	
HAUL IN FEE (only if not renting stall)	\$5 PER HORSE X _____ =	
RV STALL size _____ ft	\$30 PER NIGHT PWER /\$15 NO PWER Limited RV stall sizes available	
OFFICE/JUDGE & NUMBER FEE/ EXHIBITOR GATE PASS		\$25.00
GROUND'S ADMISSION 12 yrs & under ____ x \$5/DAY 13yrs + ____ x\$10/DAY MUST PURCHASE TO ENTER GROUND'S.		
MIDWAY RIDE DAY PASS	____ x \$45 each	
STALL CLEANING FEE - WILL BE RETURN ON PAYOUT CQ ONCE STALL IS CLEANED		\$50.00
Please make cheques payable to the Vegreville Agricultural Society or etransfer vegrevilleagsociety@gmail.com 4753 45 Vegreville AB T9C 1L1		
GRAND TOTAL		

PERSONAL INFORMATION PRIVACY POLICY

Under the Personal Information Privacy Act (PIPA) the Vegreville Agricultural Society policy concerning personal information privacy is as follows:

By signing this entry form (below, in the Acceptance of Risk area) you are hereby authorizing the Vegreville Agricultural Society to use your personal information to send you future correspondence, as well as use your name and/or photo in our History Book, in promotional pamphlets or advertising and in publishing class results.

If you have concerns about this authorization, please contact the office toll free @ 1-888-611-0161.

ACCEPTANCE OF RISK FORM

This document will affect your legal rights and liabilities. Please read carefully and sign before using the Equine Riding Facilities

☐ I acknowledge that this sport involving horses is a high risk sport, and that I am participating at my own risk and in full knowledge that there are significant risks involved in working with and around horses. I further acknowledge that there is some element of risk that an accident could occur and result in injury or death to the rider and their horse.

☐ In consideration of being allowed to participate, I hereby assume all risk and release/absolve the VEGREVILLE AGRICULTURAL SOCIETY and its employees, directors, volunteers, and officers from all responsibility, liability, or claims of any nature and kind which I may have arising from my participation in this activity, including bodily injury or death to my horse or myself and damage to property arising from any cause whatsoever. I will be responsible for my equipment and, at no time, hold anyone else responsible for damage or theft of equipment.

☐ I hereby declare that in signing this document that I have read, understand, and agree to the terms and conditions stated herein, and that it is binding upon myself, my executors, and heirs.

Signature of Rider/Handler: _____ Date: _____

If the Rider/Handler is under eighteen years, the parent/guardian must read and sign.

I acknowledge as Parent/Guardian of _____ that I have read, understand, and agree to the terms and conditions state herein and allow my child to participate in this activity.

Signature of _____

Parent/Guardian: _____ Date: _____

DROP IN EQUINE FACILITY USE