



Please Print or Type Entries

Address: _____

Consult Prize List for Class Numbers

City: _____ Province: _____

Postal Code: _____ Phone: (____) _____

Only One Owner & Breed Per Form

Breed: _____

Questions? : Email: info@oldhomeweekpei.com or Call (902)629-6623

Email: _____

Entry Fee Total	_____ x \$10	\$	Please Indicate: Prize money Cheque to be made Payable to: _____ Stable With _____ Mail Entries to: Old Home Week Box 3070 Charlottetown, PE C1A 7N9 Or scan and send to info@oldhomeweekpei.com
Exhibitor Passes	_____ x \$25	\$	
Camping Space (Limited)	_____ x \$20 per night	\$	
Arrival Day: _____	Departure Day: _____		
Total Fees Due		\$	
Please Make Cheque Payable to PEI Provincial Exhibition Inc.			
Office Use Only	Entries Received	Amount	

I herby make the following entry subject to the rules and conditions in the prize list. The PEI PROVINCIAL EXHIBITION will not be responsible or liable for any loss, damage or injury.

Signature: _____

Print Full Name: _____

Date: _____

Circle Show to be Entered: CHAROLAIS ANGUS HEREFORD SPECKLEPARK COMM SIMM SHEEP: SUF/HAMP AOB ML

*	Class #	Animal Name	DOB (M/D/Y)	
	Reg.#		Tattoo #	
	Sire		Dam	
	Owner (exactly as shown on papers)			Bred & Owned Y N
	Breeder Name (if different)		OFFICE USE ONLY Placing/Money Owed	
	Breeder Address			

Circle Show to be Entered: CHAROLAIS ANGUS HEREFORD SPECKLEPARD COMM SHEEP: SUF/HAMP AOB ML

*	Class #	Animal Name	DOB (M/D/Y)	
	Reg.#		Tattoo #	
	Sire		Dam	
	Owner (exactly as shown on papers)			Bred & Owned Y N
	Breeder Name (if different)		OFFICE USE ONLY Placing/Money Owed	
	Breeder Address			

Circle Show to be Entered: CHAROLAIS ANGUS HEREFORD SPECKLEPARK COMM SHEEP: SUF/HAMP AOB ML

*	Class #	Animal Name	DOB (M/D/Y)	
	Reg.#		Tattoo #	
	Sire		Dam	
	Owner (exactly as shown on papers)			Bred & Owned Y N
	Breeder Name (if different)		OFFICE USE ONLY Placing/Money Owed	
	Breeder Address			

Breeder Address

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