



Shannonville Agricultural Society

Fee: \$60.00

Team Name: _____

Captain Name: _____

Address: _____

Email: _____

Cell Phone: _____

(that will be contacted in case of cancellation)

Team Members:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

For Office Use Only

Registration Fee: _____ Received By: _____

Method: Cheque ___ Cash ___ Date Received: _____