



EQUESTRIAN FAIR
Registration form



Registration deadline: BEFORE 4 p.m. on April 28, 2017*

*\$25 Late fees apply

| | |
|--|--|
| Last Name | _____ |
| First Name | _____ |
| Company name | _____ |
| Mailing address | _____ |
| Town | _____ |
| Province | _____ |
| Postal code | _____ |
| Telephone number | _____ |
| Cellular | _____ |
| E-mail | _____ |
| Website | _____ |
| 2017 equestrian fair schedule * | <p>Saturday, July 8 from 11 a.m. to 6 p.m. Sunday, July 9 from 11 a.m. to 4 p.m. * The exhibitor commits to being present on both days and respecting the established schedule.</p> |
| Products or services offered | <p>Only the products or services listed below may be offered. List your products and services (E.g.: horse equipment, riding apparel, competitions and sports, training, horse health and well-being, breeding and sale, etc.):</p> <p>1. - 2. - 3. - 4. - 5. - 6. - 7. - 8. - 9. - 10. -</p> |
| Liability insurance | <input type="checkbox"/> Yes ¹ - Mandatory - join a copy |
| Number of employees you anticipate will serve customers | _____ (Please note staff parking is limited – please plan to carpool) |



EQUESTRIAN FAIR Registration form



| Calculating your invoice | | Report amount |
|---|---------------|-----------------------|
| Number of spaces for 10 feet x 10 feet individual stand <ul style="list-style-type: none">No additional square feet availableNo electricity available | _____ @ \$150 | _____ \$ |
| SUB-TOTAL | | _____ \$ |
| GST (5%) | | _____ \$ |
| QST (9.975 %) | | _____ \$ |
| Late registration fee (after registration deadline) add \$25 | | _____ \$ |
| TOTAL | | _____ \$ ² |

1 All documents must be valid on the days of the fair.

2 The invoice will be sent by email.

The cost of your stand will reflect the sum of your needs.

Please wait until you receive your invoice before sending your cheque.

Questions may be addressed to

Sabrina Addison-Thibault

saddison-thibault@ville.saint-lazare.qc.ca

450 424-8000, ext. 217

I have read and accept the Terms and Regulations

Signature _____

Date _____