

**LINDSAY AGRICULTURAL SOCIETY**

50 EXHIBITION DRIVE, PO BOX 752

LINDSAY, ONTARIO K9V 4W9

PHONE: 705-324-5551

FAX: 705-324-8111

EMAIL: LEXEXPRESS@LINDSAYEX.COM

PREMISES ID: ON4209355

**EXHIBITOR #**ONE FORM PER
HORSE AND RIDER
COMBINATION**2026 LEX EXPRESS GAMING SERIES ENTRY FORM**
 JUNE 14
 JULY 12
 AUGUST 9
 SEPTEMBER 20
A NEW ENTRY FORM MUST BE COMPLETED FOR EACH SHOW.

EXHIBITOR NAME: _____ HORSE NAME: _____

OWNER/FARM NAME: _____ OE#/INSURANCE: _____

PROOF MUST BE ATTACHED

ADDRESS: _____

PHONE: _____ EMAIL: _____

PARENT/GUARDIAN: _____ PARENT/GUARDIAN PHONE: _____

HAVING IN MY POSSESSION, THE RULES AND REGULATIONS OF THE LEX EXPRESS GAMING SERIES, LIVESTOCK EXHIBITOR CODE OF CONDUCT, CONCUSSION CODE OF CONDUCT, AND ANY OTHER RULES, POLICIES AND REQUIREMENTS ASSOCIATED WITH THE SHOW, I (WE) AGREE TO ABIDE BY THESE RULES AND REGULATIONS AND MAKE THIS ENTRY SUBJECT THERETO AT MY (OUR) OWN RISK. I (WE) SHALL INDEMNIFY AND HOLD HARMLESS THE LINDSAY AGRICULTURAL SOCIETY OR LEX, ITS MEMBERS, AGENTS, EMPLOYEES AND VOLUNTEERS FROM AND AGAINST ALL CLAIMS. I (WE) AGREE TO ALLOW PHOTOS AND VIDEOS TO BE USED FOR MARKETING PURPOSES.

SIGNATURE OF EXHIBITOR: _____ DATE: _____

SIGNATURE OF GUARDIAN: _____

PRE ENTRIES ARE DUE AT 11:59 PM ONE WEEK BEFORE THE SHOW**LEADLINE PEEWEE**

-
- DASH FOR CASH
-
-
- KEYHOLE RACE
-
-
- POLE BENDING
-
-
- BARREL RACE

PEEWEE

-
- DASH FOR CASH
-
-
- KEYHOLE RACE
-
-
- POLE BENDING
-
-
- BARREL RACE

JUNIOR YOUTH

-
- DASH FOR CASH
-
-
- FLAG RACE
-
-
- KEYHOLE RACE
-
-
- BARREL RACE
-
-
- POLE BENDING

SENIOR YOUTH

-
- DASH FOR CASH
-
-
- FLAG RACE
-
-
- KEYHOLE RACE
-
-
- BARREL RACE
-
-
- POLE BENDING

ADULT

-
- DASH FOR CASH
-
-
- FLAG RACE
-
-
- KEYHOLE RACE
-
-
- BARREL RACE
-
-
- POLE BENDING

OPEN - 3D JACKPOT

-
- BARREL RACE
-
-
- POLE BENDING

ENTRY FEES	PRE ENTRIES	DAY OF ENTRIES
PEEWEE	\$5	\$5
YOUTH	\$7	\$12
ADULT	\$10	\$15
OPEN 3D	\$25	\$30

OF CLASSES - PEEWEE / YOUTH / ADULT
 _____ X \$ _____ = \$ _____

OF CLASSES - OPEN 3D JACKPOT
 _____ X \$ _____ = \$ _____

NON-MEMBER FEE \$15 + \$ _____
(IF APPLICABLE)

MEDIC FEE + \$ **5.00**

TOTAL: = \$ _____

PAYMENT METHOD

CASH
 CHEQUE
 DEBIT
 CREDIT
 E-TRANSFER* FINANCE@LINDSAYEX.COM
*PRE ENTRIES ONLY. MAKE SURE TO INCLUDE EXHIBITOR NAME & LEX EXPRESS IN MEMO