



**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 #**

# 2026 LAS HUNTER JUMPER SUMMER SERIES MEMBERSHIP FORM

ONE FORM PER RIDER

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ IF UNDER 18

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ POLICY #: \_\_\_\_\_

PROOF MUST BE ATTACHED / EMAILED TO LEXEXPRESS@LINDSAYEX.COM

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

SHIRT SIZE:  YOUTH OR  ADULT     SMALL    MEDIUM    LARGE    X-LARGE    XX-LARGE

**MEMBERSHIP FEE**

\$30

LIABILITY WAIVER & HELMET WAIVER MUST BE SIGNED AT EACH SHOW IN FRONT OF LAS STAFF / COMMITTEE.

MEMBERSHIP FEES ARE PAID AT THE RIDERS FIRST SHOW.

THIS FEE HELPS COVER COSTS FOR STAFF, FACILITIES, GROUNDS MAINTENANCE, ARENA HARROWING AND WATERING, SOUND SYSTEM, PORTA POTTIES, RIBBONS, PRIZES, ADMINISTRATION SOFTWARE, OFFICE SUPPLIES ETC.

SIGNATURE OF MEMBER:  
MUST BE 18 YEARS OR OLDER

SIGNATURE OF GUARDIAN:  
IF MEMBER IS UNDER 18 YEARS

DATE:

\_\_\_\_\_

**PAYMENT METHOD**

CASH     CHEQUE     DEBIT     CREDIT

E-TRANSFER\*    FINANCE@LINDSAYEX.COM

\*PRIOR TO FIRST SHOW    MAKE SURE TO INCLUDE EXHIBITOR NAME & LAS HUNTER JUMPER IN MEMO