**ENTRY FORM**

CASTLEMAINE & DISTRICT AGRICULTURAL SOCIETY INC.

Both sides of form to be completed (except exhibit number) and returned intact

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I would like to join the mailing list

**ENTRY FORM**

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**NAME**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **AGE (junior competitors only)**\_\_\_\_\_\_\_\_\_\_\_

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