

**CNE AMBASSADOR OF THE FAIRS PROGRAM**  
**Agricultural Society Entry Form**  
**2023 PROGRAM**

Application is herewith made for entry in the CNE Ambassador of the Fairs program to be held at the Canadian National Exhibition, Exhibition Place, Toronto, Ontario, M6K 3C3.

The application for whose entry is herewith made will represent:  
(Please Print)

**NAME OF AGRICULTURAL SOCIETY:** \_\_\_\_\_

**NAME OF FAIR:** \_\_\_\_\_

**MAILING ADDRESS OF FAIR:** \_\_\_\_\_

**EMAIL ADDRESS OF FAIR:** \_\_\_\_\_

**POSTAL CODE:** \_\_\_\_\_ **PHONE NUMBER:** (\_\_\_\_) \_\_\_\_\_

**TITLE OF REPRESENTATIVE:** \_\_\_\_\_

**NAME OF REPRESENTATIVE:** \_\_\_\_\_

**ADDRESS OF REPRESENTATIVE:** \_\_\_\_\_

**POSTAL CODE:** \_\_\_\_\_ **PHONE NUMBER:** (\_\_\_\_) \_\_\_\_\_

This certifies that upon receipt of approval of this application, the finalist selected will be present at the Canadian National Exhibition, Toronto, Ontario, for the judging period of the Program. If she/he wins the title of "CNE AMBASSADOR OF THE FAIRS" they will remain from August 20<sup>th</sup> to September 4<sup>th</sup>, 2023. She/he will be subject to the rules and regulations of the CNE Ambassador of the Fairs program, copies of which are acknowledged and are affirmed to have been read by the undersigned who further certifies they will be read to the local finalist selected.

**NUMBER OF ENTRIES IN YOUR 2022 PROGRAM:** \_\_\_\_\_

**DATE OF PROGRAM:** \_\_\_\_\_

**NAME OF FAIR GROUNDS:** \_\_\_\_\_

**NAME OF SOCIETY OR GROUP SPONSORING PROGRAM:** \_\_\_\_\_

Application must be completed and returned to the Canadian National Exhibition, Agriculture Department, 210 Princes' Blvd., Exhibition Place, Toronto, Ontario, M6K 3C3 by May 15<sup>th</sup>, 2023.

\_\_\_\_\_  
Signature of Secretary

\_\_\_\_\_  
Name of Secretary (Please Print)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

## CNE AMBASSADOR OF THE FAIRS PROGRAM

### Participant Entry Form

I hereby enter the CNE Ambassador of the Fairs program at the Canadian National Exhibition, Exhibition Place, Toronto, Ontario, M6K 3C3, having been selected as:

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Title Name

and I will be present at the Canadian National Exhibition for the program, and if I am chosen CNE Ambassador of the Fairs, I will remain for the duration of the CNE, from August 20<sup>th</sup> to September 4<sup>th</sup>, 2023.

I agree to abide by all the rules and regulations of the Canadian National Exhibition Ambassador of the Fairs program now in effect and which I affirm I have read and I will abide by such other additional or amended rules and regulations which might hereinafter be announced.

I hereby agree that the time, manner and method of judging the Canadian National Exhibition Ambassador of the Fairs program will be solely within the discretion of the Canadian National Exhibition and that the decision of the judges will be final.

I agree that, as the winner of my agriculture society's local competition, I will not sign a management contract with any individual or corporation and I will not give any written consent or verbal endorsement of any mercantile commodity or commercial organization, nor will I permit my photograph to be used in connection with any advertised commodity or service not associated with this Program, between January 1<sup>st</sup> and August 20<sup>th</sup>, 2023. Should I be selected the CNE Ambassador of the Fairs, I will not enter Competitions and other contests, or participate in activities connected with same, without the written approval of the Canadian National Exhibition for the full year of reign.

GENERAL INFORMATION (Please Print):

**Home and Mailing Address (including Postal Code)** \_\_\_\_\_

\_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Age as of (August 18, 2023)** \_\_\_\_\_ **Gender** \_\_\_\_\_

(To verify participant is eligible,

See #2 of the Rules & Regulations attachment.)

## **Participant Entry Form cont'd (Page 2)**

Please provide detailed information about yourself in the areas listed below. This information will be used to prepare your biography, therefore, please submit as much as possible. Please indicate what types of books you enjoy reading rather than just "reading"; or the type of music you like to listen to or the artist you prefer, rather than just "music", etc.

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**Favourite Sports and Hobbies**

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**School presently enrolled in, including City or Town (if applicable)**

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**Grade, Year and Course (if applicable)**

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**Present Employer, including City or Town and your Position (if applicable)**

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**Special Abilities (Music, Art, Etc.)**

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**Awards and Accomplishments**

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**Clubs or Organizations**

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**Future Plans**

\* Note: Additional information which you feel would be of interest to the judges may be written on a separate sheet of paper and attached to this page.

I attest the above information is correct.

I hereby for myself, my heirs, executors, administrators and assigns do hereby remise, release and forever discharge the CANADIAN NATIONAL EXHIBITION ASSOCIATION, the Board of Governors of Exhibition Place, Maple Leaf Sports and Entertainment and the City of Toronto, their agents, principals, successors and assigns, and any other persons, firms, associations or bodies corporate, participating in or connected with the C.N.E.A. of and from all manner of action, causes of action, claims or demands which against the CANADIAN NATIONAL EXHIBITION ASSOCIATION, The Board of Governors of Exhibition Place, Maple Leaf Sports and Entertainment and the City of Toronto, I ever had, now have, or can, shall or may hereafter have, for or by reason of any loss, damage or injury sustained by me, or from any medical therapy treatment advised or performed, or in respect of the loss of any equipment used by me.

As part of my agreement, I also give the CANADIAN NATIONAL EXHIBITION ASSOCIATION the permission to use any photographs which may be taken and also grant permission for the events to be televised or filmed.

**Signature of Representative:** \_\_\_\_\_

**"CNE AMBASSADOR OF THE FAIRS PROGRAM"**

**Representative's Medical Questionnaire**

**\*\*Please complete, sign and return this form with your application\*\***

NAME: \_\_\_\_\_

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

TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

**NAME OF EMERGENCY CONTACT PERSON:** \_\_\_\_\_

**TELEPHONE NUMBER OF EMERGENCY CONTACT:** \_\_\_\_\_

Allergies (Including drug hypersensitivity): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other medical conditions that we should be aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_  
\_\_\_\_\_

Birthdate: \_\_\_\_\_

Representative's Signature \_\_\_\_\_

**"CNE AMBASSADOR OF THE FAIRS PROGRAM"**  
**MEDIA FACT SHEET**

NAME: \_\_\_\_\_

FAIR NAME: \_\_\_\_\_

\*Please complete this sheet completely with the names, email addresses and telephone numbers of your local media to assist us with competition publicity.

**NEWSPAPER**

Name \_\_\_\_\_ Phone No. ( \_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

**TV STATION**

Name \_\_\_\_\_ Phone No. ( \_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

**RADIO**

Name \_\_\_\_\_ Phone No. ( \_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

**CABLE TV CO**

Name \_\_\_\_\_ Phone No. ( \_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

**MAYOR**

Name \_\_\_\_\_ Phone No. ( \_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_