Longford Show Society Inc

ENTRY FORM – SHEEP

Exhibitor's Details
Name: (Mr. Mrs. Miss)_____

Address:_____

_____**Pcode**_____

Telephone_____ **Mobile** _____

CLASS NO.	BREED	NAME OF EXHIBITOR	OFFICE USE ONLY.	ENTRY FEE $

TOTAL ENTRIES	$
Membership (optional- refer general regulations	$ 25.00
TOTAL	**$**

I HAVE READ AND AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE LONGFORD SHOW SOCIETY INC,
The Exhibitor will indemnify the Longford Show Society Inc in respect of any claim arising out of the Exhibitor's entry.

_____
Signed Exhibitor

_____
Signature of Parent/Guardian if exhibitor is under 18 years

EFT Payments
Branch:ANZ
BSB:017042
Account No:446905066
Please Send or email remittance with Entry Form

MNI ACCREDITED YES / NO NLIS PIC NO:_____
National sheep Health Statement must be completed and returned with this entry form.

ENTRIES CLOSE – 3rd October 2009

MAIL WITH SELF ADDRESSED STAMPED ENVELOPE TO -
THE SECRETARY,
LONGFORD SHOW SOCIETY INC.
PO BOX 58,
LONGFORD 7301