Longford Show Society Inc

ENTRY FORM – SHEEP

Name of Exhibitor: (Mr. Mrs. Miss)_____

Address:_____

_____**Post Code**_____

Telephone_____ **Mobile** _____

CLASS NO.	BREED	NAME OF EXHIBITOR	ENTRY FEE

TOTAL ENTRY FEE	$
MEMBERSHIP (OPTIONAL)	$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

MNI ACCREDITED YES / NO NLIS PIC NO: _____

NATIONAL SHEEP HEALTH STATEMENT must be completed and returned with this entry form.

ENTRIES CLOSE – 1st October 2011

MAIL WITH SELF ADDRESSED STAMPED ENVELOPE TO -
THE SECRETARY,

LONGFORD SHOW SOCIETY INC.
PO BOX 58,
LONGFORD 7301