Longford Show Society Inc.

2017 ENTRY FORM **Sheep Breed(1 per Form)**_____

Registered Stud Name_____

Registered Owners name or names: _____

Address:_____

_____**Post Code**_____

Telephone_____ **Mobile** _____

CLASS NO.	NAME OF EXHIBITOR	OFFICE USE	ENTRY FEE

*Membership to the Show Society entitles you to a family pass and minutes from the AGM with the Presidents Report.

TOTAL ENTRY FEE	$
MEMBERSHIP (OPTIONAL)*	$40.00
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.

_____

Name Signed

_____

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 – 7TH October 2017

MAIL WITH SELF ADDRESSED STAMPED ENVELOPE TO -

THE SECRETARY,
LONGFORD SHOW SOCIETY INC.
PO BOX 58
LONGFORD TAS 7301