

Dairy Entry Form 2018

Entries close on 6th of October, 2018.

No late entries will be accepted.

Photocopy this entry form if you need more space to enter more animals. If the form is not signed or does not have the required certificates or the correct monies, it will be returned to sender.



Post form to Waikato A & P, Dairy Section, PO Box 14161, Hamilton 3252, email in to admin@showingwaikato.co.nz or enter online at Showday Online.

| | |
|------------------------|---|
| Exhibitor Name: | |
| Phone: | Email: |
| Address: | |
| Stock location: | |
| Rapid Number: | Dairy Company Number: |
| Total number entered: | I would like to make a donation to the Waikato A&P Association: <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 other value \$ _____ |
| OFFICE USE ONLY | |
| Member Passes: | Exhibitor Passes: Car Passes: BBQ: |

| Name of Animal (must be stated) | | | | | Fees \$15 | Office Use |
|---|-------------|-------|------|-----------|-----------|------------|
| Name of animal: | Birth Date: | Sire: | Dam: | Class No: | | |
| Breed (please tick): <input type="checkbox"/> HF <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> Comb. | Birth ID: | | | | | |

I hereby enter these classes subject to the Rules and Regulations of the RAS & Waikato A & P Association and its H&S Regulations, as if inserted at length and my signature on the entry form and/or participation in the competition denotes acceptance of the rules & regulations. Signed entry form authorises the Association to publish results / photographs with the Competitors and Exhibits name.

Signature: _____

Payment options (please tick):

Direct credit: BNZ 02 0316 0400 334 00
 Ref: 'Dairy Entry' and 'Full exhibitor name'

Cheque: Payable to Waikato A&P Association

Do you require a GST invoice? Y N

| | |
|---|-----------------------|
| Total entry fees above (including back) | |
| Catalogue \$6 (compulsory) | |
| Membership to 31/1/19 (optional) \$30 | |
| BBQ \$5 for 18+ / \$2 for under 18 | |
| Donation | |
| BBQ Total | Total Enclosed |
| Adult _____ | |
| Child _____ | |

| Name of Animal (must be stated) | | | | | Fees \$15 | Office Use |
|--|------------------------------|-------|------|-----------|-----------|---------------|
| Name of animal: Breed (please tick): <input type="checkbox"/> HF <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> Comb. | Birth Date: Birth ID: | Sire: | Dam: | Class No: | | |
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