OXFORD FINANCE HOROWHENUA A P & I SHOW
SATURDAY 21st & SUNDAY 22nd JANUARY 2012
DAIRY CATTLE ENTRY FORM

To the Secretary: Mary Davis
PO Box 59
LEVIN
Phone: (06) 368 6539
Fax: (06) 368 6549
E-mail horo.api@xtra.co.nz

NO refunds will be made

EXHIBITOR'S NAME_____

MAILING ADDRESS_____

_____

DATE_____

PHONE NUMBER_____

E-MAIL _____

ENTRIES CLOSE 9TH JANUARY 2012

CLASS NO.	NAME OF EXHIBIT	BIRTH DATE	HERD BK. NO	ENTRY FEE

TOTAL ENTRY FEES $_____
SUBSCRIPTION $35.00 $_____
GROUP CLASS FEES (see below) $_____
TOTAL $_____

Each exhibitor must supervise and control their animals at all times and shall be liable for any hazards created or accident, illness or damage caused by the action of themselves or their animals at the Showgrounds.

Exhibitor Declaration: I accept the Association's conditions of entry and I Indemnify the Association under the provisions of Health & Safety in Employment Act 1993.

Signed:……

TOTAL NUMBER OF HEAD ☐

I wish to enter the following Groups:

CLASS NUMBER										
NO. OF GROUPS										

CLASS NO.	NAME OF EXHIBIT	BIRTH DATE	HERD BK. NO	ENTRY FEE

NAME OF COW	AGE OF COW	DAYS IN MILK	LITRES OF MILK	KILOS OF FAT	KILOS OF PROTEIN