HOROWHENUA A P & I ASSOCIATION SHOW
SATURDAY 21st & SUNDAY 22nd JANUARY 2012

ENTRY FORM FOR SHEEP OR BEEF CATTLE

EXHIBITOR'S NAME_____

To the Secretary: Mary Davis
PO Box 59
LEVIN

MAILING ADDRESS_____

_____

Phone: (06) 368 6539
Fax: (06) 368 6549
E-mail horo.api@xtra.co.nz

E- MAIL_____
DATE_____

NO late entries accepted
NO refunds will be made

PHONE NUMBER_____

ENTRIES CLOSE 9th JANUARY 2012

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

TOTAL ENTRY FEES: $_____
SUBSCRIPTION $35.00 $_____
GROUP CLASS FEES (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.
Exhibitors Declaration: I accept the Association's condition of entry and indemnify the Association under the provisions of health & safety in Employment Act 19
Signed_____