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| **BREED JUDGING: 19 January 2019****ENTRIES CLOSE: 11 January 2019ENTRY FEE: $15** | **Horowhenua A&P& I SHOW****ALPACA BREED ENTRY FORM** | **Mail To:** | Jo WellsP O Box 59Levinhoro.api@xtra.co.nz |

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| **Exhibitor:** |  |  |  |  |  |  |
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| **Postal** **Address:** |  |  | **Stud:** |  |  |
|  | **Phone No.:** |  |  |
|  | **email:** |  |  |

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| **Class Number** | **Alpaca Name** | **IAR No.** | **Breed(H/S)** | **Sex(M/F)** | **Colour** | **Age of Alpaca at Show****(months)** | **Date Last Shorn****(dd/mm/yy)** | **Age of Fleece (months)** | **Entry Fee** | **Exhibit No. (Office)** |
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|  |  |  | **TOTAL PAYABLE:** Please make cheques payable to Horowhenua API Show Assn  |  |  |

**EXHIBITOR DECLARATION**

1. I have read the AANZ Show Regulations and the entry conditions for this show. I agree to be bound by the AANZ Show Regulations and relevant A & P Society Regulations for this Show and abide by all decisions in all matters in connection with or arising out of the competition.
2. I agree that all alpaca exhibited in the show belong to a herd that has a current clear whole herd TB status and that each exhibit shall be free of disease and external parasites.
3. I certify that all the alpacas entered in the show are currently registered with IAR(NZ). NOTE: **Copies of IAR certificates do not need to be submitted.**
4. I indemnify the Association under the provisions of the Health and Safety at Work Act 2015 and also agree to comply with the appropriate animal legislation.
5. I certify that the details given on this entry form are true and correct.

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| **SIGNED:** |  | **DATE:** |  |

Please attach a copy of your TB certificate