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

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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)** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | **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.

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

Please attach a copy of your TB certificate