

DAIRY CATTLE ENTRY FORM **PIC: MHCH 0590 Section D**

NOTICE TO HINIOD COMPETITODS

DECLARATION:

- 1. In signing this form I/We acknowledge and agree to abide by the RULES & REGULATIONS of the abovementioned Society and furthermore;
- 2. That, in relation to JOHNE'S DISEASE/TRICHMONIASIS of cattle, I/We know of no circumstances which might render any exhibit a source of infection/contagion to any other animals with which they may come into contact or close proximity.
- 3. The animals listed below are TESTED or UNTESTED (please circle) in relation to JOHNE'S DISEASE/TRICHMONIASIS

4. I declare that the animals are fit and healthy.		All competitors/exhibitors under the age of 18 years in Sections B,		
EXHIBITOR:ADDRESS:		C & D MUST have entries countersigned by a Parent/Guardian.		
		Signed:	(Parent/Guardian)	
PHONE:				
EMAIL:		Print name:		
SIGNED:	DATE:			
		ENTRY FEES	\$	
Enquiries and entries to	D. 0400 F0400F	MEMBERSHIP (\$40)	\$	
SECRETARY	P: 0428 581285	STRAW (\$2 per beast)	\$	
PO Box 94	E: chagsociety@gmail.com	TOTAL	\$	
STANLEY TAS 7331	ABN 77 813 295 148			

Straw will be provided for initial bedding at a levy of \$2 per beast (not neg.) - Waiver form must accompany entry form.

SECTION	CLASS	BREED	NAME OF ANIMAL	DOB	REGN No.	EXHIBITOR	ENTRY FEE

SECTION	CLASS	BREED	NAME OF ANIMAL	DOB	REGN No.	EXHIBITOR	ENTRY FEE

EFT Pa	yments
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Bank: Bendigo Bank
Acc Name: Circular Head Agricultural Society
BSB: 633 000 ACC: 168709251

Reference: DCE and your name and email payment notification to chagsociety@gmail.com

Receipt #	Date Paid
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ENTRY FEES
MEMBERSHIP (\$40)
STRAW (\$2 per beast)
TOTAL

\$		
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