

STRATHALBYN AGRICULTURAL SOCIETY INC

ABN 58 634 855 076

PLEASE NOTE: THE SOCIETY IS NOT REGISTERED FOR GST

LIVESTOCK ENTRY FORM

Mail to :
The Secretary
Strathalbyn Agricultural Society Inc
P O Box 713 Strathalbyn SA 5255

Show Section	Class Number	Name of Animal (strictly 1 entry per line)	Name of Owner / Handler (NB: Separate entry form in each Section)	Entry Fees \$
	Note :	ALL EXHIBITORS MUST ABIDE BY THE RULES AND REGULATIONS OF THE STRATHALBYN AGRICULTURAL SOCIETY INCORPORATED	TOTAL including Society Membership Fee	\$

CHEQUE / MONEY ORDER / EFT DIRECT DEBIT Bank SA Strathalbyn Branch BSB 105-019 A/C 038 256 340 Reference : Your Surname

The Johne’s Disease MAP for the specified exhibits are :-

PIC NO..... **NO. OF HEAD**.....
NAME
ADDRESS.....
**POSTCODE**.....
CONTACT TELEPHONE No.....
EMAIL

I/We agree to abide by the rules and regulations of the Strathalbyn Agricultural Society Inc. I acknowledge that I am the responsible owner / handler / exhibitor for the animal/s listed on this entry form.
 I also acknowledge that I have read the Terms and Conditions of Entry and I agree to abide by these Terms and Condition’s of entry as set out by the Strathalbyn Agricultural Society Inc.
NB: AS A CONDITION OF YOUR ENTRY BEING ACCEPTED, IS THAT NO LIVESTOCK ARE TO LEAVE THE SHOW BEFORE 4PM. WITH THE EXCEPTION OF THE DAIRY CATTLE CAN EXIT THE GROUNDS AT 3.30PM IF IT IS SAFE.
NO OTHER LIVESTOCK WILL BE PERMITTED PRIOR TO 4PM.
 Signed :-

_____ Dated:_____