

ROYAL EASTER SHOW 2018

Auckland Agricultural Pastoral & Industrial Shows Board

P O Box 26014, Epsom Auckland, 1344

www.eastershow.co.nz

Tax Invoice GST Registration No. 10478928

Entry Form 2018 DAIRY CATTLE

Breed: _____

Entries close 9 MARCH 2018

No of Head: _____

Name of Animal / Group	Date of Birth	Reg Herd Book No/Tattoo/Ear Tag No/AHB No	NAIT NO.	Lactation Age	Class Numbers to be Entered and Milk Statistics						Entry Fee		
													\$
Sire:	Dam:				Litres Milk	KG Milkfat	% Test Milkfat	KG Protein	% Test Protein	Days	*BREEDERS NAME		
Sire:	Dam::				Litres Milk	KG Milkfat	% Test Milkfat	KG Protein	% Test Protein	Days	*BREEDERS NAME		
Sire:	Dam:				Litres Milk	KG Milkfat	% Test Milkfat	KG Protein	% Test Protein	Days	*BREEDERS NAME		
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Sire:	Dam:				Litres Milk	KG Milkfat	% Test Milkfat	KG Protein	% Test Protein	Days	*BREEDERS NAME		
Sire:	Dam:				Litres Milk	KG Milkfat	% Test Milkfat	KG Protein	% Test Protein	Days	*BREEDERS NAME		

* NAME OF BREEDER IF NOT BRED BY EXHIBITOR

For Group entries please write "Group" in Name of Animal column and list Class Numbers.

TB Information Enclosed

YES / NO

Dairy Production Records Enclosed

YES / NO

I will attend the barbeque on Thursday 29 March 2018

YES / NO No. attending _____

I agree, as a competitor in this Show, to any photographs taken of these entries being used for any publicity purposes YES / NO

Total Entry Fee

Late Entry Fee – 25% penalty

A&P Membership (Optional – see Application Form)

Cattle Frame Space (\$25.00)

Cooked Breakfast, Select Days – Thurs/Fri/Sat/Sun/Mon (\$15.00 per person, competitors only)

TOTAL PAYABLE

Payment by Internet Banking - Auckland A,P & I Shows Board, ASB 12-3244-0002882-01, state full name and "Entries" as Reference or Cheque payable to ASB Showgrounds.

EXHIBITOR DECLARATION: I hereby make the above entries subject to the Bylaws, Rules & Regulations of the Auckland A&P Association Inc & The AAP&I Shows Board. I accept the Association's Conditions of Entry and indemnify the Association under the provisions of Health and Safety at Work Act 2015 and its subsequent amendments. I have read, accepted and will abide by the rules and regulations as printed in the Schedule of Classes.	
Signed:	Date:

Exhibitor Name			
Address			Postcode
Telephone	IRD NUMBER	Email	
OFFICE USE ONLY			
Vehicle Passes:		A&P Exhibitor Passes:	