

THE 141st ANNUAL

Australian
SHEEP & WOOL
SHOW

2018 AUSTRALIAN SHEEP & WOOL SHOW

20TH – 22ND JULY 2018

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Black and Coloured Fleece Paper Form

Please read carefully the General Regulations in the 2018 Sheep & Wool Show Prize Schedule before completing this form. Please direct all correspondence to the Australian Sheep and Wool Show at the CEO's Office, Unit 1/6 Merino Court, East Bendigo Vic 3550. Telephone enquiries may be directed to the CEO's Office on the above phone number.

Entries close 4.30pm on Friday 28th June 2018

Classes: Fee per entry \$15.50. Non Member, \$9.90 Member. (If Member, please quote membership number)

EXHIBITOR INFORMATION: (BLOCK LETTERS PLEASE)

Exhibitor must be the bona fide owner or lease of the livestock at time of entry. The stud name as completed will be the name appearing in the catalogue.

Stud Name:

Name of Exhibitor/Trading Name:

Postal Address:

..... **Postcode:**

Telephone: **Mobile:** **Email:**

I acknowledge that I have received the General Regulations and the Conditions set out in the 2018 Australian Sheep & Wool Show Schedule and further acknowledge that I have had the opportunity of reading the same. I understand that my entry in the 2018 Australian Sheep & Wool Show has been accepted by the Association subject to those Regulation and Conditions. I agree to be bound by the General Regulations and Conditions and agree to abide by all decisions of the Association in relation to all matters arising out of or in connection with the 2018 Australian Sheep & Wool Show.

I certify that the details on this nomination form are correct.

Signature of Exhibitor: **Date:**

Number of Fleece entries being brought to show

ENTRY FORM – FLEECE

Section	Class No.	Membership No. if applicable	No. of entries	Entry Fee
Black and Coloured Fleece				

NOTE: All Fleeces must be delivered by Thursday 19th July by 1:00pm and may not be removed before 4.00pm on Sunday 22nd July

PAYMENT

Cheque enclosed: Please make cheques payable to Australian Sheep Breeders Association Inc.
PAYMENT MUST ACCOMPANY THIS FORM

Bill my credit card: VISA MASTERCARD

Card No:																			Expiry:				
Card Holders Name:														Card Holders Signature:									

I hereby agree to the terms and conditions of entry and declare that the supplied information is true and correct to the best of my knowledge

Signed: **Exhibitor:** **Date:**