ASHBOURNE SHOW 2024 – SHEEP ENTRY FORM

Please complete ALL SECTIONS of the form in BLOCK CAPITALS. Entries cannot be accepted unless BOTH declarations are signed.

Exhibitor					Consent to H	Hold Data			
First Name:		Last Name:				and understood the section of the Terms and Conditions of Entry that			
Address:					relate to the storage and use of personal data and I consent to any personal information being held and used by the Ashbourne Shire Horse Society for the				
		Postcode:				ated. I confirm that I am authorised to provide any data that relates r persons included in this Entry.			
Email:					Signed:				
Phone:		Mobile:							
Entries – Closing Date for Postal Entries 1 August 2024									
Class	Breed	Date of Birth	Entry Fee		ISS	Breed	Date of Birth	Entry Fee	
			£					£	
			£					£	
			£					£	
			£					£	
			£					£	
Please indicate how many pens you require – we will try to accommodate you if at all po					sible:	No.:	Sub Total:	£	
MV Accredited Or Non Accredited Please Pr					Provide a Copy of Sheep Health Scheme Certificate for All Entries				
Declaration						Annual Membership (£38 for 2024) £			
I confirm that I have read and understood the Terms and Conditions of Entry. I cert						Additional wristbar	ds (£14 each) No.:	£	
information provided above is correct. I confirm that I will at all times abide by the Requirements of the Ashbourne Shire Horse Society, DEFRA and any other regulatory boo						Postage £ 2.		£ 2.00	
will follow any direction given to me by a Steward or other Show Official.						TOTAL		£	
Signed: Date:						I am paying by:			
×						Cheque payable to: Ashbourne Show Bank transfer to: Ashbourne Show A/C No: 07107679 S/C: 30-90-25 Ref: SHEEP			
Post Entries t	Post Entries to: Emma Pederick, Quilow Farm, Osmaston, Ashbourne DE6 1LU								