Entry Form

Class Nos.	Breed	Name of Animal	Passport No.	D of B	Breeders Name	Sire and Dam	Entry Fees
MV accredited/Non accredited (please delete) PLEASE FORWARD A PHOTOCOPY OF SHEEP HEALTH SCHEME CERT. WITH ENTRIES.						SubTotal	
						Show sub if req (£20)	
						Total Remittance	

Declaration

I certify that the particulars given are correct to the best of my knowledge and belief. I agree to conform and abide by the rules and regulations of the society and any DEFRA regulations on the day.

Name_____ Signature_____

Address_____

_____ Telephone _____

Please return the completed form and payment to Mrs Emma Pederick, Quilow Farm, Osmaston, Ashbourne DE6 1LU