



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 2012

DAIRY CATTLE

Breed: _____

No of Head: _____

Entries close Friday 9 March 2012

Name of Animal / Group	Date of Birth	Reg Herd Book No/Tattoo/Ear Tag No/AHB No	ET Yes/No	Class Numbers to be Entered and Milk Statistics						Entry Fee		
										\$	C	
Sire:	Dam:			Litres Milk	KG Milkfat	% Test Milkfat	KH Protein	% Test Protein	Days	BW		
Sire:	Dam::			Litres Milk	KG Milkfat	% Test Milkfat	KH Protein	% Test Protein	Days	BW		
Sire:	Dam:			Litres Milk	KG Milkfat	% Test Milkfat	KH Protein	% Test Protein	Days	BW		
Sire:	Dam:			Litres Milk	KG Milkfat	% Test Milkfat	KH Protein	% Test Protein	Days	BW		
Sire:	Dam:			Litres Milk	KG Milkfat	% Test Milkfat	KH Protein	% Test Protein	Days	BW		

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 am a member of the following RAS Affiliated Breed Society _____

I will attend the barbeque on Thursday, 5th April 2012

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 (see Schedule, pg 1)

A&P Membership (Optional – see Application Form)

Livestock Catalogue of Entries (Optional \$10.00))

Cattle Frame Space (\$25.00)

Cooked Breakfast, Fri 6th April 2012, Pavilion 1& 2, Competitors

Only

(\$10.00 per person)

TOTAL PAYABLE

Payment by Internet Banking - Auckland A,P & I Shows Board, ASB 123244-0002882-01, 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 and the Royal Agricultural Society of New Zealand. I accept the Association's Conditions of Entry and indemnify the Association under the provisions of Health and Safety in Employment Act 1993 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				IRD No.		
Address					Postcode	
Telephone		Fax		Email		

OFFICE USE ONLY

Vehicle Passes: _____ **A&P Exhibitor Passes:** _____

