



Kumeu Agricultural & Horticultural Society

PO Box 2, Kumeu 0841
 Ph: 09 412 9322 Mob : 027 412 9322
 Email: info@kumeusho.co.nz
 Website: www.kumeushow.co.nz

Entry Form for Dairy Section

Total Number of Head _____

| Office Use Only | Name of Animal | Date of Birth | Registered Herd Book No/Tattoo/ Ear Tag | Class Numbers to be Entered | | | | | | | | Entry Fee |
|-----------------|----------------|---------------|---|-----------------------------|--|--|--|--|--|--|--|-----------|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | \$ |
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| | | | | | | | | | | | | \$ |
| | | | | | | | | | | | | \$ |
| | | | | | | | | | | | | \$ |

Kumeu Show Grounds NAIT Number 441858

Entrants NAIT NUMBER _____

Prize Money Cheques Payable to:

Total Entry Fee \$

RAS In-Milk Levy \$5 per Cow \$

Catalogue \$4.00 \$

Total Payable \$

(PLEASE PRINT CLEARLY)

Entries Close – Thursday 22nd February 2018

Please include a Stamped Self-Addressed Envelope with Entries if you are mailing your entry form

Payment Option please tick

- Cheque Payable to the Kumeu A & H Society
- Direct Payment Details - National Bank 06 0153 0157594 00

Your name as Reference please

An invoice will be sent back to you as a record of your entries with your exhibitor pass.
Your signature on the entry form and/or participation in this competition denotes your acceptance of the conditions as per the schedule

NO Late entries accepted after close date. No entries accepted unless on this signed form

CATTLE EXHIBITORS
TB Testing Requirements

Please refer to the beginning of the cattle section of the schedule for full conditions of TB testing requirements of cattle

NAME: _____

ADDRESS: _____

 _____ PostCode _____

PHONE: _____/MOB _____

Email Address _____

SIGNATURE: _____

KUMEU SHOW 2018 - Cattle

Date Received _____ Receipt _____ Cash/Cheque/Direct _____ Number of Passes _____