



DAIRY CATTLE OFFICIAL ENTRY FORM

royal adelaide SHOW

theshow.com.au

PO Box 40, Goodwood SA 5034

This entry form will act as a tax invoice.

All fees are GST inclusive. ABN 68 531 710 498

ALL FEES AN DOCUMENTATION OF CURRENT HERD STATUS FORM STATE AGRICULTURAL DEPARTMENT MUST ACCOMPANY THIS ENTRY FORM.

COMPLETED HERD HEALTH STATUS DECLARATION MUST ACCOMPANY THIS ENTRY FORM.

PERSONAL DETAILS

I DO NOT WISH FOR MY CONTACT DETAILS TO BE AVAILABLE TO OTHER PARTIES

EXHIBITOR/REGISTERED OWNER: _____

CONTACT NAME _____

POSTAL ADDRESS: _____

TELEPHONE: _____ FACSIMILE: _____

MOBILE: _____ EMAIL: _____

CLASSES—All fees must accompany this form.

BREED:
(USE A SEPARATE FORM FOR EACH BREED)

NUMBER OF ATTENDING CHILDREN UNDER 12 YEARS OF AGE REQUIRING A LOCKER:

PROPERTY IDENTIFICATION CODE

CLASS NO.	NAME OF ANIMAL	DATE OF BIRTH	NAME OF SIRE / DAM	LAST CALVING DATE	BREEDER	ENTRY FEE
	REGISTRATION NO.	TATTOO NO.				
	REGISTRATION NO.	TATTOO NO.				
	REGISTRATION NO.	TATTOO NO.				

GST INFORMATION

I, the above named exhibitor, apply to enter as part of a Private recreational pursuit or hobby Yes

OR

I, the above named exhibitor, am entering as a GST registered business

ABN: Yes

NUMBER OF PENS REQUIRED (FOR THIS BREED)

MEMBERS RATE : SPACES @ \$40 EA \$

NON MEMBERS RATE : SPACES @ \$55 EA \$

MEMBERSHIP FEE \$

LOCKER FEE \$

TOTAL \$

STORAGE SPACE (TICK IF REQUIRED)

NO. OF MILKERS:

CONDITIONS OF ENTRY—MUST BE SIGNED FOR ENTRY TO BE ACCEPTED

- I agree to comply with and be bound by the General and Special Regulations and By-Laws of the RA&HS of SA Inc as applicable
- I certify that the details on this entry form are true and correct
- I verify that I/we are the registered owner/s / lessee of the above animal/s listed on this form
- To the best of my/our knowledge, the animal/s entered above have not been exposed to any notifiable disease/s.

Signature: _____ Date: _____

(Parent or Guardian must sign if exhibitor under 18 years)

OFFICE USE ONLY

CHECKED BY..... DATE

ENTR	MEM	DISC	TOTAL

APPROXIMATE ARRIVAL DAY: _____

TIME: _____

BJD STATUS _____

ANY MAJOR VARIATIONS PLEASE CONTACT DAIRY CATTLE OFFICE 08 8210 5211

CLASSES—All fees must accompany this form.

CLASS NO.	NAME OF ANIMAL	DATE OF BIRTH	S	NAME OF SIRE / DAM	LAST CALVING DATE	BREEDER	ENTRY FEE
	REGISTRATION NO.	TATTOO NO.	D				
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	REGISTRATION NO.	TATTOO NO.	D				
	REGISTRATION NO.	TATTOO NO.	D				
	REGISTRATION NO.	TATTOO NO.	D				
	REGISTRATION NO.	TATTOO NO.	D				
	REGISTRATION NO.	TATTOO NO.	D				

Sub-Total No. of Spaces
(add to front page)