|  |  |  |  |
| --- | --- | --- | --- |
| **BREED JUDGING: 4th March 2023****ENTRIES CLOSE: 17th February 2023****ENTRY FEE $15.00** | **Morrinsville A & P Show 2023****ALPACA BREED ENTRY FORM** | **Mail To:** | Sue HansenMorrinsville A & PP O Box 284, Morrinsville 3340Or email morrinsvilleshow@gmail.comCc: heather.hobman@abbott.com |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Exhibitor:** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Postal** **Address:** |  |  | **Stud:** |  |  |
|  | **Phone No.:** |  |  |
|  | **email:** |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Class Number** | **Alpaca Name** | **IAR No.** | **Breed(H/S)** | **Sex(M/F)** | **Colour** | **Age of Alpaca at Show****(months)** | **Date Last Shorn****(dd/mm/yy)** | **Age of Fleece (months)** | **Entry Fee** | **Exhibit No. (Office)** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Payment can also be made via internet banking Use your stud name and the word Alpacas in the reference |  |  |  | No. of pensRequired ……… |  | Catalogue Fee |  | 3.50 |  |
|  | Bank Account 02-0368-0024297-00 |  | **TOTAL PAYABLE:**  |  |  |

**EXHIBITOR DECLARATION**

1. I have read the AANZ Show Regulations and the entry conditions for this show. I agree to be bound by the AANZ Show Regulations and relevant A & P Society Regulations for this Show and abide by all decisions in all matters in connection with or arising out of the competition.
2. I agree that all alpaca exhibited in the show belong to a herd that has a current clear whole herd TB status and that each exhibit shall be free of disease and external parasites.

**Please attach a copy of current TB certificate**.

1. I certify that all the alpacas entered in the show are currently registered with IAR(NZ). NOTE: Copies of IAR certificates do not need to be submitted.
2. I indemnify the Association under the provisions of the Health and Safety at work Act 2015 and also agree to comply with the appropriate animal legislation. certify that the details given on this entry form are true and correct.

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNED:** |  | **DATE:** |  |