|  |  |  |  |
| --- | --- | --- | --- |
| **BREED JUDGING: 04 November 2023****ENTRIES CLOSE: 13 October 2023ENTRY FEE: $23.50** | **Central Region Colourbration Show****ALPACA BREED ENTRY FORM** | **Mail To:** | Ros Scott1306 Tangimoana Road, RD3Palmerston North, 4473rtg.scott71@gmail.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)** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | **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.
3. 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.**
4. 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.
5. I certify that the details given on this entry form are true and correct.

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

Please attach a copy of your TB certificate