

**BREED JUDGING:** 24<sup>th</sup> February 2024  
**ENTRIES CLOSE:** 10<sup>th</sup> February 2024  
**ENTRY FEE:** \$16

## EGMONT A&P SHOW ALPACA BREED ENTRY FORM

**Mail To:** Lynette Gopperth  
 156 Waitara Road RD 42  
 Waitara  
 Email: s.l.gopperth@xtra.co.nz

<b>Exhibitor:</b>	
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<b>Postal Address:</b>	
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<b>Stud:</b>	
<b>Phone No.:</b>	
<b>email:</b>	

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)

**Make payment to Egmont A & P 15 3950 0141994 00**  
**Ref. 1<sup>st</sup> initials, Surname, Alpaca Show**

**TOTAL PAYABLE:**

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**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