

Bathurst Agricultural Horticultural & Pastoral Association Inc.

ABN 85 953 115 197

RELIANCE BANK ROYAL BATHURST SHOW ★ 3-5 MAY 2019 ★ SINCE 1858

PHONE (02) 6331 3175

PO BOX 92, BATHURST NSW 2795

FAX (02) 6332 2652

www.bathurstshow.com.au

admin@bathurstshow.com.au

www.bahpa.org.au

SHEEP ENTRY FORM. Please attach copy of NVD/Waybill No.

ALL PRIZES & AWARDS INCLUDE GST

Entry Fee: \$5.50 per class

Please read instructions to Exhibitors and terms and conditions of entry as set out in the Sheep Schedule

Schedule Details			CLASS DESCRIPTION	NAME OF ANIMAL/ EAR TAG DETAILS	FEES
Section	Subsection	Class #			
L08					
L08					
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TOTAL ENTRIES \$

Declaration:

- I certify that the details on this entry form are true and correct
- I have read and accept the Associations Rules and Regulations
- I agree not to make any claim against Bathurst Agricultural, Horticultural & Pastoral Association Inc. for any injury or loss sustained.
- I agree to compete/exhibit at my own risk and to indemnify and keep indemnified the Royal Bathurst Show, together with any other organization or person involved in the conduct of the show against all claims, suits, actions or demands which may be brought in respect of any injury or other loss sustained by me in the course of competing/exhibiting at the Royal Bathurst Show and agree to exonerate the committee of management of the Bathurst A H & P Assoc from all loss or injury to me whether due to alleged negligence or otherwise.

EXHIBITOR ADMISSION TICKETS	Single Day	ALL SHOW	QTY	\$
Adult	13.50	27.00		
Child	6.75	13.50		
Concession	10.00	20.00		
Family (4-max 2 Adults)	N/A	N/A		-
Family (5-max 2 Adults)	N/A	N/A		-
TOTAL FEES \$				

Exhibitors Name: _____ **Stud Name:** _____

Address: _____ **PostCode:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Signed: _____ **Date:** _____

Account Name: _____ **BSB:** _____ **Account Number** _____

HERD HEALTH & STATUS AND INDEMNITY AND WAIVER FORMS MUST BE SIGNED AND SENT TOGETHER WITH THIS ENTRY FORM.