BERWICK AND DISTRICT AGRICULTURAL AND HORTICULTURAL SOCIETY INC.

A.B.N. 74 385 504 511

SHEEP ENTRY FORM

NO LATE ENTRIES ACCEPTED -

Entry fees **must** accompany this form. Entries accepted subject to Rules of Society.

A STAMPED SELF ADDRESSED ENVELOPE MUST ACCOMPANY EACH ENTRY

ENTRIES CLOSE:

Monday 13th February 2012

Please send all entries to:

SHEEP ENTRIES
Berwick A&H Society Inc.
PO Box 442, Berwick, Vic. 3806

Section	Class No.	Registration No.	Date of Birth	Name of Exhibit	Breed	Sex	Entry Fee incl. GST	

Declaration: GST and PAYG - This entry is part of my business. My ABN is indicated below OR This entry is made in the course of a private recreational pursuit or hobby. Signed ..... Date .....

Total Entry Fees $

EXHIBITOR'S TICKET (if required) Must be bought with entries at $10.00 per ticket inclusive of GST $

TOTAL $

PLEASE SEE DECLARATION ON BACK OF ENTRY FORM

Mr/Mrs/Miss.....
Please Print

Stud Name: .....Phone No. .....

Address: .....

.....Post Code.....

Email address: .....

NOTE:
Vehicle Pass and Exhibitor's Pass will not be returned UNLESS STAMPED SELF ADDRESSED ENVELOPE is included

Number of head entered

Are you registered for GST: YES ☐ NO ☐

ABN if applicable: .....

Tax invoice required: YES ☐ NO ☐

Sheep Declaration

I.....

of.....

.....

Do solemnly and sincerely declare that:

1. Johnes Disease has not been known, or suspected to, exist on the property or properties from which each of the animals entered by me in the Berwick Show was derived, during the 5 years immediately prior to the Show
   OR
   For the properties under a supervised test and control program
   a) annual JD herd test was done within 12 months prior to the Show
   b) the animals entered are not from within the high risk group

Health Regulations: Please indicate the appropriate status			
Untested	Yes	No	
MN1 Tested	Yes	No	Accreditation No
MN2 Tested	Yes	No	Accreditation No

2. Animals entered by me in the Sheep Section do not show any symptoms of Footrot and, to the best of my knowledge and belief no animals entered by me are affected by Footrot.
3. I undertake that I will not bring to the Show any animals affected by Footrot or showing any signs of that disease.

And I make this declaration conscientiously believing the same to be true.

.....Date: / /2012
(Signature)

Name of Property (Stud).....

Address.....

.....

Phone.....