

BREED JUDGING: 2nd April 2018
ENTRIES CLOSE: 19th March 2018
ENTRY FEE: \$10 Non-members
 \$7 Members

MACKENZIE A&P SHOW ALPACA BREED ENTRY FORM

Mail To: Jodi Payne
 PO Box 53
 FAIRLIE 7949 or Email
 Rachel Andrews
 rachel@grandviewalpaca.co.nz

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| Exhibitor: | |
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| Postal Address: | |
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| 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) |
|---|-------------|---------|-------------|-----------|--------|--------------------------------|----------------------------|------------------------|-----------|----------------------|
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| Admin Fee | | | | | | | | | \$5.00 | |
| TOTAL PAYABLE: | | | | | | | | | | |
| Please make cheques payable to Mackenzie A&P Assn Or Direct Credit to Westpac 03-1718-0002050-00 | | | | | | | | | | |

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 in Employment Act 1993 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

JUDGING: 2nd April 2018
ENTRIES CLOSE: 19th March 2018
ENTRY FEE: Nil

MACKENZIE A&P SHOW NON CHAMPIONSHIP ENTRY FORM

Mail To: Jodi Payne
 PO Box 53
 FAIRLIE 7949 or Email
 Rachel Andrews
 rachel@grandviewalpacos.co.nz

Exhibitor:

Postal Address:

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|-------------------|--|
| Stud: | <input style="width: 80%;" type="text"/> |
| Phone No.: | <input style="width: 80%;" type="text"/> |
| email: | <input style="width: 80%;" type="text"/> |

| Class Number | Alpaca Name/Handler Name | Breed H/S | DOB | Colour | Age of Alpaca at Show (months) | Age of Fleece (months) | Entry Fee | Exhibit No. (Office) |
|---------------------------------------|--------------------------|-----------|-----|--------|--------------------------------|------------------------|-----------|----------------------|
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| Admin Fee | | | | | | | \$2.00 | |
| TOTAL PAYABLE: | | | | | | | | |
| Cheques payable to Mackenzie A&P Assn | | | | | | | | |

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 indemnify the Association under the provisions of the Health and Safety in Employment Act 1993 and also agree to comply with the appropriate animal legislation.
4. I certify that the details given on this entry form are true and correct.

SIGNED: _____

DATE: _____

Please enclose a copy of your TB certificate

2018 MACKENZIE SHOW

FLEECE ENTRY DELIVERY NOTE

Please attach a completed copy of this form to each fleece entered in the show.

Fleeces should be sent to:
Rachel Andrews
C/o Waste Away South Ltd
8 Doncaster St
Washdyke
Timaru

WE WILL TAKE ALL REASONABLE CARE OF YOUR FLEECES BUT WILL NOT BE HELD RESPONSIBLE FOR ANY LOST, STOLEN OR MISPLACED FLEECES.
 Please ensure fleeces are securely packaged and clearly labelled.

Fleeces should arrive no later than 26th March 2018 or please advise us if pick up from the Malvern/Sheffield Show on the 24th March 2018 is required.

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| Exhibitor: | |
| Phone: | |
| Email: | |
| Pick up required | |

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| Alpaca Name: | |
| IAR number: | |
| Class number: | |

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| After Show Instructions (Please ✓ the relevant box and complete the additional information where needed) | I am attending the show and will collect my fleece in person | |
| | My fleece will be collected at the end of the show by: | |
| | Please can you send my fleece to the following address (I include a pre-paid coupon/bag attached to this form) | |