

Name of Exhibitor/s: \_\_\_\_\_\_\_\_\_\_\_\_\_ Show: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_

Please fill in the details below using one line per goat, per class entered. If you have any questions please feel free to contact the Show Manager: **Therese Purton:** [**myaora@outlook.com**](mailto:myaora@outlook.com) A copy of this Entry Form is to be emailed to the Show Manager by the Sunday prior to the show, and the original is to accompany payment on the day of the show. \*Show entry fees are to now be paid directly to AABMGS when entries are submitted. All entry fees received will be paid directly to the Hosting Show Society by the AABMGS. \* There will be no refunds for cancellations and no shows. **ACC: AABMGS Inc BSB: 084-657 ACC: 740059147**

| **Class** | **Name of Animal Including Prefix** | **DOB** | **M/F** | **Registration Number** | **Ear Tag Details** | **Fee** |
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**Handler Classes**

| **Class** | **Name of Animal Including Prefix** | **Name Of Handler** | **Handler’s DOB**  **Kiddy & Junior Classes Only** | **Fee** |
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**CONDITIONS OF ENTRY: FOR ENTRIES TO BE ACCEPTED YOU MUST AGREE TO THE STATEMENT BELOW AS WELL AS SIGN AND DATE EACH PAGE SUBMITTED**

I agree to Exhibit my Animals at my own risk, and I agree to follow the Show Society and AABMGS Inc. Rules, Code of Conduct, and the Code of Sportsmanship at all times while Exhibiting my Animals. Any breach of this Agreement may result in the disqualification of my Animals from this show and if serious, may have an impact on my ability to Exhibit my Animals at future AABMGS Inc. organised Shows.

I agree to not make any claim against the Hosting Show Society or the AABMGS Inc. for any injury to myself or my animals, or for any loss sustained at this show. I agree to confine or appropriately restrain my Animals at all times for the duration of my attendance at the Show and while on the Showgrounds.

Exhibitor/s Signature/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_/\_\_

**FOR JUNIOR HANDLERS UNDER 18 YEARS OF AGE PLEASE FILL IN THE DETAILS BELOW**

I have read, understood, and agreed to the above on behalf of my child/ren who are under the age of 18 years and are entered as a Kiddy or Junior Handler.

PARENT/GUARDIAN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_