

**Entries CLOSE Friday 17<sup>th</sup> April at 4pm**

# DAIRY (5) GOAT ENTRY FORM

Please complete & return with indemnity, Goat Health Declarations & entry fee to: **The Secretary, HDAA, P O Box 382, Richmond NSW 2753**

**BREED** ..... **EXHIBITOR NAME (Mr/Mrs/Miss/Ms)** ..... **EXHIBITOR PIC** .....

**ADDRESS** .....

Email..... P/C ..... PHONE .....

### Professional Breeder/Exhibitor ABN

**Entries will not be accepted unless all details are complete & waivers signed**

**TOTAL \$ .....**

I acknowledge that my animal exhibit will remain on display and will not leave the exhibit area until 4.30pm on day of competition.

Signature ..... Credit Card / / / Exp / CCV