AGRICULTURAL SECTION NIDDERDALE SHOW

To be held in BEWERLEY PARK, PATELEY BRIDGE

This form to be filled in and sent with Entrance Fees to the Secretary :

MRS. SUSAN MONK, Victoria House, West End, Askrigg, Leyburn, North Yorkshire DL8 3HN. (Tel. 01969 650129)

EXHIBITORS PLEASE NOTE:

PLEASE STATE NUMBER OF ANIMALS TO BE EXHIBITED ☐

HORSES ONLY

LATE ENTRIES NOT ACCEPTED

CLOSING DATE FOR ENTRIES SATURDAY, 31st AUGUST 2019

Official use only	Class No.	Name of Animal	Date of Birth	Breed (if applicable)	Registered No. (if applicable)	Entrance Fee	
					Total		

All cheques, money orders etc. to be made payable to NIDDERDALE AGRICULTURAL SOCIETY LTD.

Please enter the above, and I certify, to the best of my knowledge and belief, the same are eligible for premiums in the respective classes according to the Rules and Regulations of the Society and in case of any dispute, to abide by the decision of the Committee.
All exhibitors must remain in the Horse Park or Collecting Ring and leave only when called for judging.
Any exhibitor eligible for card in I.D.H.S., please state Registered Number.

All cups and trophies must be returned to the Society no later than 11.00 a.m. on the morning of the Show. Any exhibitor not doing so may be excluded from being judged at this and future Shows.

I enclose the sum of ..... for Entrance Fees, incl. of VAT.

PLEASE NOTE: In order to process your entry form, we hold contact information for correspondence purposes. Exhibitors names will be entered in the Show Catalogue under classes entered. They will also be listed in results if placed. Results will be circulated to members of the press and published on our website. Contact details will not be published. We may share details with relevant Breed Societies when requested and with regulatory bodies. Unless you indicate by signing below that you agree to your details been used in this way, we will be unable to process your entry.
PLEASE SIGN AND DATE BELOW:

SIGNATURE ..... **DATED** .....

Name and Postal Address of Exhibitor to be written IN BLOCK CAPITALS

FULL NAME (Mr/Mrs/Miss).....

POSTAL ADDRESS.....

.....

.....

Tel. No.....