Office Use Only EX No. ..... Ent: .....

Loxton Agricultural & Horticultural Society Inc.

PO Box 187, LOXTON, SA 5333

PHONE: 0497 147 890 or email to: entries@loxtonshow.org.au

POULTRY ENTRY FORM

ALL PIGEONS MUST BE VACCINATED

PEN NUMBER	CLASS	DESCRIPTION

TOTAL ENTRIES .....@ .50 cents $ .....

MEMBERSHIP FEE$ ..... TOTAL$ .....

NAME: ..... **ADDRESS**: _____ _____ **TOWN/POSTCODE** _____

EMAIL ADDRESS:..... PHONE: ……

Every care will be taken of Exhibits, but NO responsibility will be incurred by the Society

Please tick to indicate payment method:

☐ I have enclosed $ _____ for fees OR ☐ I will Bank Transfer $_____ to:
BSB: 015 625 Account: 6570 10692 Reference: _____

I, the undersigned, hereby declare that the above Exhibits are entered subject to the Rules and Regulations of the Society.

Name of Exhibitor:_____Date:_____

Signature of Exhibitor (or Parent or Guardian if under 18): _____