

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 FEES\$ \$

TOTAL \$

NAME: ADDRESS: 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 BSB: 015 625 Account: 6570 10692

I will Bank Transfer \$ _____ to: 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): _____