

NO LATE ENTRIES

AGRICULTURAL SECTION CLEVELAND SHOW

To be held in STEWART PARK, MARTON, MIDDLESBROUGH. TS7 8AR

This form to be filled in and sent with Entrance Fees to Mrs. V. THOMSON, CLEVELAND SHOW, STEWART PARK, THE GROVE, MARTON, MIDDLESBROUGH, CLEVELAND TS7 8AR. Tel: 07930 314552

EXHIBITORS PLEASE NOTE:

NO ENTRIES WILL BE ACCEPTED IF THE ENTRY FORM IS NOT COMPLETE AND CORRECT. I.E. DATE OF BIRTH, REG. NUMBERS.

HORSES ONLY
CLOSING DATE FOR ENTRIES 6th July, 2019

CLASS	NAME OF ANIMAL	REGISTERED Nos	DATE OF BIRTH OF ANIMAL	BREED	SIRE	DAM	ENTRANCE FEE
	Contribution towards 1 st Aid support						£2.00
	TOTAL						

All Cheques, Money Orders, etc., to be made payable to the CLEVELAND SHOW

All matters upon which a question of dispute or doubt shall arise not provided for by these Rules, shall be referred to the Council whose decision shall be final and binding upon all persons interested, and in any person refusing to abide by such decision or appealing to a court of law to recover the amount of any premium or other monies shall forfeit all claim or demand he may have upon the Society.

IMPORTANT-Competitors in the Childrens Riding Classes must state clearly Name and Date of Birth here.

NAME CLASS

NAME CLASS

NAME CLASS

DATE OF BIRTH.....

DATE OF BIRTH.....

DATE OF BIRTH.....

The contents of this Certificate are true, to the best of my knowledge and believe and I hereby agree to conform to the regulations of the Society

Name and Postal Address of Competitor to be written correctly. State whether Mr. Mrs. Miss.

FULL NAME.....

POSTAL ADDRESS.....

.....

Tel. No.....POSTCODE.....

SIGNATURE.....DATE.....

NO LATE ENTRIES

AGRICULTURAL SECTION CLEVELAND SHOW

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This form to be filled in and sent with Entrance Fees to Mrs. V. THOMSON, CLEVELAND SHOW, STEWART PARK, THE GROVE, MARTON, MIDDLESBROUGH, CLEVELAND TS7 8AR.

Tel: 07930 314552

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NO ENTRIES WILL BE ACCEPTED IF THE ENTRY FORM IS NOT COMPLETE AND CORRECT. I.E. DATE OF BIRTH, REG. NUMBERS.

CATTLE ONLY

CLOSING DATE FOR ENTRIES SATURDAY 6th July, 2019

CLASS	NAME OF ANIMAL	HERD BOOK TATOO/ TA G No's	DATE OF BIRTH OF ANIMAL	SIRE	DAM	ENTRANCE FEE

All Cheques, Money Orders, etc., to be made payable to the CLEVELAND SHOW

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NAME.....

The contents of this Certificate are true, to the best of my knowledge and believe and I hereby agree to conform to the regulations of the Society

Name and Postal Address of Competitor to be written correctly. State whether Mr. Mrs. Miss.

FULL NAME.....

POSTAL ADDRESS.....

Tel. No.....POSTCODE.....

SIGNATURE.....DATE.....

ENTRY NUMBERS AND VEHICLE PASSES WILL BE SENT APPROX 14DAYS PRIOR TO THE SHOW
A STAMPED ADDRESS ENVELOPE 6 1/2 X 9 IS REQUIRED FOR RETURN OF NO's ETC.
SHOW HOLDING NUMBER 04/754/8000

NO LATE ENTRIES

AGRICULTURAL SECTION CLEVELAND SHOW

To be held STEWART PARK, MARTON, MIDDLESBROUGH. TS7 8AR

This form to be filled in and sent with Entrance Fees to Miss. P. NEWTON, SUNNINGDALE, HIGH LEVEN,
YARM, STOCKTON TS15 9JT.

Tel: (01642) 764161

EXHIBITORS PLEASE NOTE:

NO ENTRIES WILL BE ACCEPTED IF THE ENTRY FORM IS NOT COMPLETE AND CORRECT. I.E. DATE OF BIRTH, REG. NUMBERS.

DAIRY GOATS ONLY

CLOSING DATE FOR ENTRIES MONDAY 6th JULY 2019

CLASS	NAME OF ANIMAL	HERD BOOK No.	DATE OF BIRTH OF ANIMAL	DATE OF KIDDING	EAR MARK No.	ENTRANCE FEE

All Cheques, Money Orders, etc., to be made payable to the CLEVELAND SHOW

All matters upon which a question of dispute or doubt shall arise not provided for by these Rules, shall be referred to the Council whose decision shall be final and binding upon all persons interested, and in any person refusing to abide by such decision or appealing to a court of law to recover the amount of any premium or other monies shall forfeit all claim or demand he may have upon the Society.

NAME.....

ENTRY NUMBERS AND VEHICLE PASSES WILL BE SENT APPROX 14DAYS PRIOR TO THE SHOW

A STAMPED ADDRESS ENVELOPE 6 1/2 X 9 IS REQUIRED FOR RETURN OF NO's ETC.
PLEASE ENCLOSE MOST RECENT CAE NEGATIVE TESTING RESULTS WITH THIS FORM.
SHOW HOLDING NUMER 04.754/8000

The contents of this Certificate are true, to the best of my knowledge and believe and I hereby agree to conform to the regulations of the Society

Name and Postal Address of Competitor to be written correctly. State whether Mr. Mrs. Miss.

FULL NAME.....

POSTAL ADDRESS.....

.....

Tel. No.....POSTCODE.....

SIGNATURE..... DATE.....