

RARE & TRADITIONAL BREEDS Show

19 July 2020

Over 500 Rare Breeds, all at one show!

wealddown.co.uk/rarebreeds 01243 811013 PO18 0EU



GOATS & YOUNG HANDLERS ENTRY FORM

Weald and Downland Living Museum - Sunday 19th July 2020

*ENTRIES CLOSE 30TH JUNE 2020

Please return completed entry form before 30th June 2020 to:

Weald and Downland Living Museum, Town Lane, Singleton, PO18 0EU

Tel: 01243 811363

Email: rarebreeds@wealddown.co.uk

Please complete the form in CAPITAL LETTERS

For **YOUNG HANDLERS** please see reverse side

Applicant's Details

FIRST NAME _____ SURNAME _____

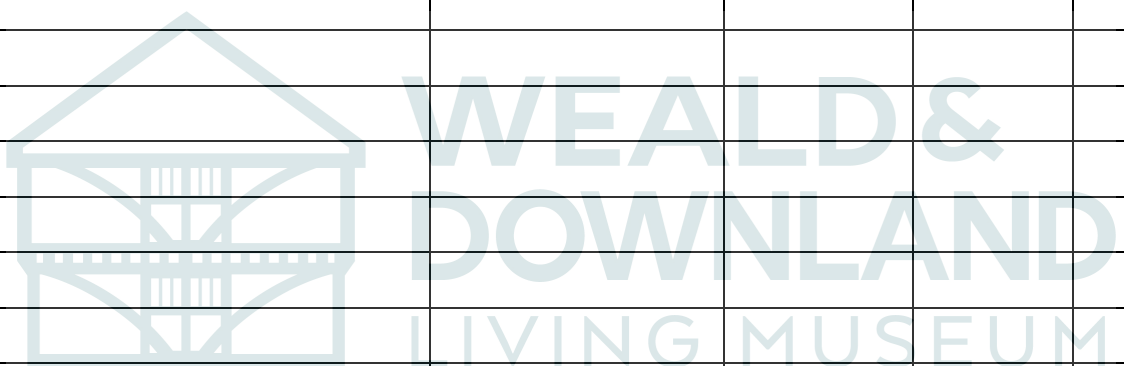
ADDRESS _____ POSTCODE _____

CONTACT NUMBER _____

DEFRA HOLDING NO : 42/060/8001

Conditions of entry are subject to current DEFRA movement restrictions and exhibitors must comply with all animal health regulations in force at the time of the show.

TAG NO. (OFFICE USE ONLY)	Class No.	BREED	NAME OF GOATS	UK IDENTIFICATION NO.	HERD/FLOCK NO.	EAR MARK	SEX	Date of Birth	Date of expected birth	Date of last kidding	Fee
											£
											£
											£
											£
											£
											£
											£
											£
											£
											£
											£
											£
											£
											£
											£



Young Handlers

NAME of CHILD	AGE of CHILD

TAG NO. (OFFICE USE ONLY)	Class No.	BREED	NAME OF GOATS	UK IDENTIFICATION NO.	HERD/FLOCK NO.	EAR MARK	SEX	Date of Birth	Date of expected birth	Date of last kidding	Fee
											£
											£
											£

Total amount of Entry Fees £ _____

Number of pens _____

Total No. of Animals _____

REGISTER of EXHIBITORS

Please list names of the exhibitors and any persons authorised to handle or tend animals at this event and have had regular contact with animals or material visibly contaminated by animal faeces in the previous 28 days.

FIRST	SURNAME	ADDRESS	TELEPHONE

Cheques should be made payable to :

WEALD & DOWNLAND OPEN AIR MUSUEM

Registered Charity No: 306338

VAT No: 430 6585 57

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I declare that no female goat bought to the show will be pregnant or have kidded within the previous 30 days.

Signature _____ **Date** _____