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 S Monk, Victoria House, West End, Askrigg, Leyburn DL8 3HN Please make cheques payable to NIDDERDALE AGRICULTURAL SOCIETY LTD.

Alternatively, forms may be sent as an attachment by email to info@nidderdaleshow.co.uk and payment made by BACS to Sort Code 20 37 13, Account Number 00666386. Please use a reference that will clearly identify your payment on our bank statement – BACS Payment Ref: _____

LATE ENTRIES NOT ACCEPTED **CLOSING DATE FOR ENTRIES SATURDAY, 2nd SEPTEMBER 2023** PLEASE STATE NUMBER OF ANIMALS TO BE EXHIBITED **CATTLE & GOATS ONLY** Cattle must be accompanied by a passport Official Use Only **Description of Entry GOATS ONLY:** Class No. Date of Birth **Entrance Fee CAE TESTED** Cups and trophies must be returned to the Society no later than 10.00 am on the morning of the Show. See Rule 20 General Rules & Regulations. Total £ 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. I agree to comply with the appropriate requirements and provisions of the H.S.E. Guidance Note AIS35 'Safe Custody of Bulls at Agricultural Shows'. I enclose the sum of for Entrance Fees, incl. of VAT. PLEASE SIGN AND DATE BELOW:

Please Note: We will hold your information for the purposes of operating the Show. Exhibitor names will be printed in the Show Catalogue and listed in results if placed. Details may be shared with relevant societies and regulatory bodies. By signing this form, you are agreeing to the terms of our Privacy Policy which can be found on our website.

DATE

SIGNATURE

Name & Postal Address of Exhibitor to be written IN BLOCK CAPITALS					
FULL NAME					
POSTAL ADDRESS:					
POSTCODE:					
Tel No					
Email:					

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Alternative	ely, forms m		Please make cheques payable to NID	DERDALE AGRICULTURAL SOCIETY LTD. w.co.uk and payment made by BACS to Sort Code 20 3	•		er 00666386.
P				statement – BACS Payment Ref: TE FOR ENTRIES SATURDAY, 2nd SEPTEMI			
PLEASE STA			ALS TO BE EXHIBITED	SHEEP, SHEE			& PIGS
Official Use Only	Class No.	No of Entries per class	Description of Entry		MV Acc	redited N	Entrance Fee
			-	the Show. See Rule 20 General Rules & Regulations.		Total £	
eligible for prei	miums in the	respective classes	st of my knowledge and belief, the same are according to the Rules and Regulations of the the decision of the Committee.	Name & Postal Address of Exhibitor to be written IN BLC			
I enclose th	he sum of	for En	trance Fees, incl. of VAT.	POSTAL ADDRESS:			
PLEASE SIGN AN							
SIGNATURE			DATE	Tal Na	_POSTCODE	i:	
in the Show Catalo	gue and listed in	results if placed. Detail	ses of operating the Show. Exhibitor names will be printed ils may be shared with relevant societies and regulatory	Tel No			

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PLEASE STATE	NUMBER C	OF ANIMALS TO BE EXHIBITED				HORSES	ONLY	
Official Use Only	Class No.	Name of Animal		Date of Birth	Breed (if applicable)	Registered No (if applicable)	Entrance Fee	
		ed to the Society no later than 10.00 am on the morning of	the Show. See Rule 20 Ge	eneral Rules & Reg	gulations.	Total £		
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. I enclose the sum of for Entrance Fees, incl. of VAT.			Name & Postal Address of Exhibitor to be written IN BLOCK CAPITALS FULL NAME POSTAL ADDRESS:					
PLEASE SIGN AND DA		for Entrance rees, men or vitt.			P(DSTCODE:		
SIGNATURE		DATE	Tel No					
Please Note: We will ho	ld your information	for the purposes of operating the Show. Exhibitor names will be printed	Email:					

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NIDDERDALE SHOW

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

For Eggs, Poultry Photograph Competition & Pigeons to the Small Stock Secretary, MR R CORNFORTH, 4 Rosemary Court, Easingwold, York YO61 3EZ
For Rabbits & Cavies to MRS S CORNFORTH, 4 Rosemary Court, Easingwold, York YO61 3EZ

Please send large S.A.E. for return of passes

Please make cheques payable to NIDDERDALE AGRICULTURAL SOCIETY LTD.

CLOSING DATE FOR ENTRIES SATURDAY, 2nd SEPTEMBER 2023

EGGS and SMALL LIVESTOCK

Official Use Only	Class No.	Particulars of Entry		Entrance Fee		
Cups and trophies m	nust be returne	ed to the Society no later than 10.00 am on the morning of	the Show. See Rule 20 General Rules & Regulations. Total £			
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.			Name & Postal Address of Exhibitor to be written IN BLOCK CAPITALS FULL NAME			
			POSTAL ADDRESS:			
PLEASE SIGN AND DATE BELOW:						
SIGNATURE DATE			POSTCODE:			
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NIDDERDALE SHOW

This form to be filled in and sent with Entrance Fees

For Divisions 1 to 7 to the Secretary: Mrs S Monk, Victoria House, West End, Askrigg, Leyburn DL8 3HN

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Please use a reference that will clearly identify your payment on our bank statement – BACS Payment Ref: **CLOSING DATE FOR ENTRIES SATURDAY, 2nd SEPTEMBER 2023** LATE ENTRIES NOT ACCEPTED **ALL OTHER CLASSES** PLEASE INDICATE IF YOU ARE A WI Member Official Use Only Class No. Particulars of Entry **Entrance Fee** Cups and trophies must be returned to the Society no later than 10.00 am on the morning of the Show. See Rule 20 General Rules & Regulations. Total £ 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.

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

PLEASE SIGN AND DATE BELOW:

DATE SIGNATURE

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Name & Postal Address of Exhibitor to be written IN BLOCK CAPITALS					
FULL NAME					
POSTAL ADDRESS:					
POSTCODE:					
Tel No					
Email:					