

SECTION 4 - MEAT SHEEP

Warialda Showground PIC Number - NF593521

SHEEP HEALTH DECLARATION FORM

I declare the exhibits are my property or are in my charge and that they/it are eligible for the event/s for which they are nominated. In consideration of the Warialda P & A Association Inc. accepting this ENTRY FORM for the events named therein, I agree to abide by any decision of the Committee and to release the Warialda P & A Association Inc. and its members from any action, suit, claim or demand that I may have against it/them or any of them for, or in connection with any loss, damage at, or in the course of the show. I also declare that my exhibits, to the best of my knowledge, are disease free.

Mr/Mrs/Miss/Ms: _____ Date: _____

Address: _____

Signature: _____ Phone: _____

Please return to Secretary, P O Box 76, Warialda NSW 2402