ASHBOURNE SHOW 2025 – SHEEP ENTRY FORM

Please complete ALL SECTIONS of the form in BLOCK CAPITALS. Entries cannot be accepted unless BOTH declarations are signed.

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Exhibitor					Consent to Hold Data						
First Name: Last Name:						I have read and understood the section of the Terms and Condition relate to the storage and use of personal data and I consent to any					
Address:					information	being held and used by	the Ashbour	ne Shire Horse S	ociety fo	r the	
Postcode:						purposes stated. I confirm that I am authorised to provide any data that relates to any other persons included in this Entry.					
Email:					Signed:						
Phone:		Mobile:				X					
Entries - Clo	sing Date for Postal Entrie	es 1 August 2025									
Class	Breed	Date of Birth	Entry Fee		Class	Breed	Date of Birth		Entry Fee		
			£						£		
			£						£		
			£						£		
			£						£		
			£						£		
Please indicate how many pens you require – we will try to accommodate you if at all pos						No.:		Sub Total:	£		
MV Accre	dited	Accredited	Please	e P	Provide a Copy	of Sheep Health Scl	neme Certi	ficate for All	Entries		
Declaration Annual Membership (£42 for 2025)								5)	£		
I confirm that I have read and understood the Terms and Conditions of Entry. I certify information provided above is correct. I confirm that I will at all times abide by the Requirements of the Ashbourne Shire Horse Society, DEFRA and any other regulatory body a						d - Additional Wistodias (213 cacil) No.:			£		
									£	2.00	
will follow any direction given to me by a Steward or other Show Official.						TOTAL			£		
Signed:			I am paying by: Cheque payable to: Ashbourne Show (please add £2 to cover banking fees)								
Post Entries to: Stacey Archer, 4 Shiney Row, Mercaston, Ashbourne, DE6 3BJ.						Bank transfer to		bourne Show	\TTI E	ļ	