



EQUIFEST RARE BREEDS SHOW - SEPTEMBER 6TH • 2008 FOR ONE EXHIBITOR ONLY



Please write clearly in BLOCK letters

OFFICE USE ONLY
Form Number
Amount Received

Exhibitor's Name: Mr/Mrs/Miss	Address.....
.....Post Code.....	
Telephone.....	Fax.....
Mobile.....	Email.....

WOULD EXHIBITORS PLEASE COMPLETE THIS SECTION

Please note that all fees include 17.5% VAT
VAT Registration No: 576 6533 04

Office Use only	Class	NAME OF HORSE / PONY	REG NO.	YEAR OF BIRTH	BREED	COLOUR	SEX	BREEDING	HEIGHT	RIDER / HANDLER
								S:		
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1. **Equifest Membership**
(if required @ £30.00) £.....
2. **Entry Fees:**
Entry Fees @ £.....
3. **HH Stabling fees:**
Friday 5th Sept @ £15 £.....
Saturday 6th Sept @ £15 £.....
4. **LH Stabling fees:**
Friday 5th Sept @ £25 £.....
Saturday 6th Sept @ £25 £.....
5. **Mandatory contribution for Paramedics:** **£ 5.00**
6. **Total fees for exhibitor & amount of cheque enclosed:** £.....

Insurance - It is the responsibility of the exhibitor to insure all property and livestock on the Showground or elsewhere which is his own, or for which he is responsible. The Society requires exhibitors to effect Employers Liability insurance where this is required by statute. The Society also requires exhibitors to effect Public Liability and Products Liability.

Cheques should be made payable to:
East of England Agricultural Society

Conditions - I agree to comply with and be bound by the Articles of Association, Bye-laws and Regulations of the East of England Agricultural Society, the Code of Practice for Safety and Accident Prevention and the special conditions relating to the Livestock Sections. Copies of the Articles of Association, Bye-Laws and regulations are available on request to the Chief Executive Officer of the Society.

PLEASE MAKE PRIZE MONEY CHEQUES PAYABLE TO:-

I declare that the animal(s) above are free from clinical signs of disease. I further declare that I will take all due precautions to prevent such animal(s) as described from being exposed to infectious or contagious disease prior to the Show, and I undertake the sole responsibility for any consequences that may arise should intervention become necessary under any Regulations imposed by DEFRA and/or Local Authority with subsequent Orders etc. I have read, understood and adhered to the common code of practice for Equine Viral Arteritis as published by the Horserace Betting Levy Board

Prize money will be sent out by cheque after the show.

Exhibitors signature..... Date..... Postal Entries close **FRIDAY 22nd AUGUST 2008**