Capital Country Cavy Club Inc.
10yr Anniversary Show Entry Form
26th May 2019

EAR TAG office use only	CAVY NAME	BREED/ COLOUR	DOB/ SEX	SECTION (A) Boar; (B) Sow; (T) Inter; (C) Junior; (D) Baby	CLASSES (Please print Class numbers clearly)				Exhibitor Name if more than 1 exhib
					Gen Class	MP	NE	Junior Ex (tick)	

Lunch will be pizza slices, drink & cheesecake (or similar dessert)

Any specific dietary requirements: (Eg vegetarian, gluten free)

_____

_____

Entry fee: $10.00

PLUS _____ **entries** @ **$1.50 each Class = $** _____

LUNCH _____ **Adults** @ **$10.00 each = $** _____

LUNCH _____ **Child** @ **$5.00 each = $** _____

TOTAL Entry fee = $ _____

Exhibitor Name/s: _____ **Stud:** _____

Address /Phone / Email_____

_____

We, the exhibitors, agree to abide by the rules set down by the NSWCC Inc. and/or the Capital Country Cavy Club Inc. and are members of an ANCC affiliated cavy club. Signed: _____.

I am a member of Club/s: _____

PAY ON THE DAY or: **by CHEQUE:** Payable to CAPITAL COUNTRY CAVY CLUB INC. (CCCC Inc.). **DIRECT DEPOSIT**: BSB 062-593, Account No. 1048 6766, Commonwealth Bank. If direct deposit is used, **a copy of the receipt must accompany entry**.