

**2018 ROYAL HOBART SHOW 25th TO 27th OCTOBER
CAVY - ENTRY FORM**

PLEASE COMPLETE SEPARATE PAYMENT ADVICE

CLOSING DATE: 22 SEPTEMBER 2018 – RAST PO Box 94, Glenorchy 7010

Class No	Section	CAVY NAME (PLEASE PRINT CLEARLY)	BREED & COLOUR	DATE OF BIRTH

I CERTIFY THAT I AGREE TO ABIDE BY THE CONDITIONS OF ENTRY AS IN THE SCHEDULE AND THAT ALL STATEMENTS ON THIS ENTRY FORM ARE TRUE & CORRECT IN EVERY PARTICULAR. I ALSO CERTIFY THAT THE EXHIBITS ENTERED ARE BONA FIDE PROPERTY OF THE EXHIBITOR.

Adult Child (5yrs – 15yrs)
(Please tick appropriate box)

SIGNATURE: DATE:

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CLASS NO.	Section	CAVY NAME	EAR TAG

Name of Exhibitor _____

Address _____

Suburb: _____

PHONE _____

RAST MEMBER NO:

