



Beaufort Agricultural Society

A good day out for all the family

SHEARING & WOOLHANDLING ENTRY FORM -19 NOV 2017

NAME:

RESIDENTIAL ADDRESS:

SUBURB: POSTCODE:

PHONE: MOBILE:

EMAIL:

I wish to nominate for the following event(s), Start times

- | | |
|---|--|
| <input type="checkbox"/> Open Shearing \$35.00 - 11:00am | <input type="checkbox"/> Open Wool Handling \$30 – 11:00am |
| <input type="checkbox"/> Senior Shearing \$30.00 – 10:00am | <input type="checkbox"/> Senior Wool Handling \$20 – 10:30am |
| <input type="checkbox"/> Intermediate Shearing \$20.00 – 9:30am | <input type="checkbox"/> Novice Wool Handling \$0 – 9:00am |
| <input type="checkbox"/> Novice Shearing \$0 – 9:00am | <input type="checkbox"/> Blade Shearing \$30 – 12:00 noon |

Entry forms are available: www.beaufortshow.org.au TOTAL: \$ _____

ENTRIES CLOSE: 13th November 2017. To Andrew Smith andrewtamara@bigpond.com or (03) 5349 2025/0407511966.

PAYMENT: Bendigo Bank BSB: 633 000 Account No: 116822271 Reference: Initial, Surname – Shear/wool

Rules and Regulations:a) Competitors compete at their own risk. (Recommended that each entrant be self insured.)b) Shearers MUST use their own hand piece. (WORM DRIVE)c) All rulings by the Chief Steward and Judges are FINAL.d) All rules and regulations for this competition will be those of **Sports Shear Victoria**.e) The Council of the Society or its appropriate Committee reserves the right:(i) To reject any entry without assigning any reason, (ii) To cancel any event or class, (iii) To alter the time at which any event or class is to take place or the conditions of any event or class.

Citizenship and Residency Status (The below questions are Compulsory for Open Class Only)

- | | |
|--|--|
| 1. I was born in Australia Yes <input type="checkbox"/> No <input type="checkbox"/> | 4. State Representing: VIC <input type="checkbox"/> NSW <input type="checkbox"/> SA <input type="checkbox"/> QLD <input type="checkbox"/> TAS <input type="checkbox"/> WA <input type="checkbox"/> |
| 2. Australian Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/> | 5. Have you represented another State during the past 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Is this the first competition for 2017/2018: Yes <input type="checkbox"/> No <input type="checkbox"/> | |

Declaration: I hereby declare that the above information I have supplied is true and correct and that I have read, understood and agree to abide by the above Rules and Regulations.

Competitor Signature..... **Date**.....

I confirm that the above declaration was signed and dated by the competitor in my presence.

Witness Signature..... **Date**

Do you agree for your details to be added to Sports Shear Victoria database Yes ☐ No ☐