



Beaufort Agricultural Society

A good day out for all the family

SHEARING & WOOLHANDLING ENTRY FORM -17th NOVEMBER 2024

NAME: Please Print:

RESIDENTIAL ADDRESS:

SUBURB: POSTCODE:

MOBILE:

EMAIL:

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

- Open Shearing \$40.00 – 10:30am
- Senior Shearing \$35.00 – 9:30am
- Intermediate Shearing \$25.00 – 9:00am
- Novice Shearing \$0 – 8:30am
- Open Wool Handling \$30 – 10:30am
- Senior Wool Handling \$20 – 9:30am
- Novice Wool Handling \$0 – 9:00am

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

Limited number of entries, it is advisable to pre-enter. Only able to enter 1 Shearing/1 Wool Handling Event before show day, extra entries may be available on show day depending on numbers.

ENTRIES CLOSE: 10th November 2024 to Andrew Smith andrewtamara@bigpond.com or 0407 511 966

Entry forms to be completed and emailed to: andrewtamara@bigpond.com and payment to the following account:

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

- 1. I was born in Australia Yes No
- 2. Australian Citizen: Yes No
- 3. Is this the first competition for 2024/2025: Yes No
- 4. State Representing: VIC NSW SA QLD TAS WA
- 5. Have you represented another State during the past 3 years? Yes No

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

Witness Signature..... **Date**
Do you agree for you details to be added to Sports Shear Victoria database Yes No

ALL SECTIONS MUST BE FILLED IN CITIZENSHIP & RESIDENCY BY ALL COMPETITORS