

YOUNG HANDLER ENTRY FORM

PLEASE COMPLETE IN BLOCK CAPITALS.

		Animal Details		
Class	Class Description	Herd/ Tag Number	Sex	DOB

Young Handler Details	
Name	DOB

<p>Parent/Guardian _____</p> <p>Address _____</p> <p>_____</p> <p>_____ Postcode _____</p> <p>Telephone _____</p> <p>Email _____</p> <p>Herd/Flock No. _____</p> <p>Name on Cheque _____</p> <p>(If different to name of Young Handler)</p>	<p>Total £_____ . Cheque payable to CFFS Ltd. Please enclose payment.</p> <p>County Fermanagh Farming Society Ltd. hereby reserves the right to refuse any entry without explanation. Exhibits must be delivered on the dates instructed and in strict conformity with the directions of the Schedule of Prizes otherwise Exhibits will not be accepted.</p> <p>No adult assistance is allowed unless there is a health and safety risk.</p> <p>In signing this certificate I confirm its contents are true to the best of my knowledge and belief and I hereby agree to conform to the Rules of CFFS Ltd. I understand that Entry Fees are non-refundable.</p> <p>Signed (Parent/Guardian) _____ Date _____</p> <p>Exhibitor (Young Handler) Reference Number _____</p> <p>(If you are a new exhibitor a reference number will be assigned upon receipt of entries)</p>
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