www.iverkshow.com **IVERK SHOW** **email:secretary@iverkshow.com**

CATTLE SECTION ENTRY FORM (PLEASE PRINT NAME IN BLOCK CAPITALS)

Class No	Name and Description of Animal	Date of Birth	Sex M/F	Herd Book Number	National I.D. Tag Number	Name of Sire	Name of Dam	Entry Fee
							Total Enclosed	€

PLEASE NOTE: CMMS 4 FORM REQUIRED

I, the undersigned, hereby agree to keep Iverk Show Limited (Iverk Show), its directors, officers, employees, stewards and representatives indemnified and to hold Iverk Show and the Irish Shows Association harmless against any and all losses, damages, injury or harm suffered by me or any other person as a consequence of my presence or the presence of any animal or exhibit owned by me on Iverk Show property arising from any act, omission or negligence by me or any person under my supervision or employment . I hereby indemnify Iverk Show and the Irish Shows Association against all actions, proceedings, liabilities, claims, damages, costs, and expenses. I acknowledge having read and understood the contents of this indemnity form for Iverk Show and accept that I and any person under my supervision are bound by it.

FOR OFFICE USE ONLY

RECEIVED: _____

PAID IN FULL: YES__ NO__

Signature:_____ **Exhibitors Name: _____**

Phone No.: _____ **Address: _____**

_____

ALL CATTLE ENTRIES TO: ELIZABETH MALONE, BELLINE, PILTOWN, CO. KILKENNY.
TEL.: 051-643129