

IVERK SHOW

SHEEP SECTION ENTRY FORM

Class No	Name and Description of Animal	Date of Birth	Sex M/F	Registration Number	Colour	Name of Sire	Name of Dam	Entry Fee
							Total Enclosed	€

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: Y ___ N ___

(PLEASE PRINT NAME IN BLOCK CAPITALS)

Signature: _____

Exhibitors Name: _____

Phone No.: _____

Address: _____

ALL SHEEP ENTRIES TO:

JOHN WALSH, TYBROUGHNEY, CARRICK-ON-SUIR, CO. TIPPERARY. TEL.: 051-640392

www.iverkshow.com

email: secretary@iverkshow.com