



Inverell Show Society  
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# INVERELL SHOW SOCIETY INC CATTLE ENTRY FORM 2025

**STEWARD: Graham Reeves Mobile : 0412417520**

**CATTLE AGES: Calculated from 1<sup>st</sup> February 2025    ENTRY DEADLINE: 21st February 2025**

**Cattle Health Statement to be collected from our website**

| Class No   | Exhibit | Date of Birth | Sire | Dam | Reg No | Entry Fee<br>\$10.00 per head   |
|--|---------|---------------|------|-----|--------|---------------------------------|
| 1  |         |               |      |     |        |                                 |
| 2  |         |               |      |     |        |                                 |
| 3  |         |               |      |     |        |                                 |
| 4  |         |               |      |     |        |                                 |
| 5  |         |               |      |     |        |                                 |
| 6  |         |               |      |     |        |                                 |
| 7  |         |               |      |     |        |                                 |
| 8  |         |               |      |     |        |                                 |
| 9  |         |               |      |     |        |                                 |
| 10   |         |               |      |     |        |                                 |
| <b>ENTRIES TO BE ACCOMPANIED BY AN ANIMAL HEALTH STATEMENT AND THE VENDOR DECLARATION</b><br><br>Please post entries to: Inverell Show Society PO BOX 116, Inverell, NSW, 2360    EMAIL: <a href="mailto:inverellshowsociety2018@gmail.com">inverellshowsociety2018@gmail.com</a><br>BSB: 932-000 Ac: 100305119    Reference: Exhibitors Name<br><b style="background-color: yellow;">LATE ENTRIES ATTRACT A FEE OF \$25 PER DAY</b> |         |               |      |     |        | Camping<br>\$10.00 per<br>night |
| <b>Total</b>   |         |               |      |     |        |                                 |

Exhibitor Details: Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address: \_\_\_\_\_ PIC NO \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_