UPPER WHARFEDALE AGRICULTURAL SOCIETY KILNSEY SHOW <u>LIVESTOCK ENTRY FORM</u> Tuesday 26th August 2025

APART FROM ASSISTANCE DOGS OR COMPETING SHEEP DOGS, NO DOGS ARE ALLOWED ON THE SHOWGROUND

Entry Forms are accepted via email to entries@kilnseyshow.co.uk Please add ENTRY to the subject line of your email. All Entries close on MONDAY 4th AUGUST 2025. NO ENTRIES ACCEPTED AFTER THIS DATE

NOTES FOR ENTERING:

1. Please use one entry form per person

2. Please read the rules and regulations – at least five apply to your entry

3. Please list each entry in the order they appear in the schedule

4. Please note the special conditions for entry of all sheep classes, listed in Section A of the schedule

5. **Payment**: To pay by BACS please use; Upper Wharfedale Agricultural Society. Sort Code: 20-78-42 Account: 70898716, using your Initial and Surname for reference. **Do not send cash through the post**. Cheques to be made payable to "U.W.A.S." and sent with entry form to: **Secretary: UWAS, Conistone with Kilnsey Village Hall, Kilnsey,** Skinten BD32 EDS

Skipton BD23 5PS

6. By signing this form, you agree to the terms of our privacy policy, along with any exhibits being subject to the Society's Rules and Regulations. Full details can be found on our website.

<u>Class numbers and appropriate tickets will be emailed, please provide an email address. If unavailable, please enclose a self-addressed envelope with your entry.</u>

Please note the Shows Holding No. is 48/802/8000. All Sheep must be accompanied by an ARAMS1 licence and enter through Gate AA. All Cattle must be accompanied by their passport and enter through Gate A.

Section	Class	For Secretary's use only		DESCRIPTION OF ENTRY – PLEASE STATE BREED WHEN ENTERING ANY OTHER BREED CLASSES	Entry Fee
				ARE YOU MV ACCREDITED: Y/N	

Please indicate the total number of Sheep/Cattle you intend to bring onto the showfield.....

Please indicate if livestock entered in the Young Handlers Section are being shown in other classes. Yes No

Please indicate your TB status: 1 Year 4 Years

Please state your CPH number.....

Title:	First Name:	Surname:							
Address:									
		Postcode:							
Telephone No:		Age of Child (if applicable):							
Email Address:			Date:	/	/ 2025				
Signature:									