



# Youth Section

## Saturday 4<sup>th</sup> November 2023

### ENTRY FORM

CHILDS NAME ..... AGE .....

ADDRESS .....

.....

CONTACT NAME .....

PHONE & EMAIL .....

SCHOOL .....

ANIMAL NAME	AGE	CLASSES ENTERED							

Please return completed form by 28<sup>th</sup> October to:

ENTRIES

[entries@clevedonshow.co.nz](mailto:entries@clevedonshow.co.nz)

Clevedon A&P Association

PO Box 118

Clevedon 2248