



AUSTRALIAN
ALPACA

Southern NSW Region Entry Form (ALL SHOWS)

Enter Show Name: _____ Date: _____ Enter Date Entries Close: _____

Alpaca Fleece Entry Form

Use one entry form per exhibitor **Please print all details clearly**

Class No	Name of alpaca including prefix	IAR No	Date of Shearing	Date of previous shearing (if any)	Age of alpaca when shorn (in months)	*Age of Fleece (in months)	Sire (including prefix)	Dam (including prefix)	Fee \$

- I have read the General Regulations and Conditions contained in the Schedule and understand my entry in the show has been accepted subject to these regulations and conditions. I agree to be bound by all Rules in the current Australian Alpaca Association Limited Showing Rules Manual and abide by all decisions in all matters in connection with or arising out of the competition.
- I certify that the details given on this entry form are correct.
- Complete the Fleece ID Form and attach to each fleece bag before forwarding to the show organiser.

* Age of fleece in months between this shearing and previous shearing (if any).

Fleece Pick-up Details

Person Picking up Fleece: _____

Contact Number: _____

Name of Exhibitor [Owner]: _____

Stud Name: _____ Herd Code: _____

Postal Address: _____

_____ Postcode: _____

Contact Phone No: _____ Mobile No: _____

Email: _____

Signature of Owner: _____

Alpaca Fleece Identification Form

Name of Exhibitor: _____

Stud Name: _____

Postal Address: _____

Postcode: _____

Telephone: _____ Mobile No: _____

Email: _____

Section No	Class No	Name of alpaca including prefix	IAR No	Age of alpaca when shorn (in months)	*Age of Fleece (in months)	Colour

*Age of fleece in months between this shearing and previous shearing (if any)

Note: It is the responsibility of the owner of the fleece to arrange collection at the conclusion of the show.

Please attach this completed form to your fleece bag before forwarding to the fleece show co-ordinator.

Alpaca Fleece Identification Form

Name of Exhibitor: _____

Stud Name: _____

Postal Address: _____

Postcode: _____

Telephone: _____ Mobile No: _____

Email: _____

Section No	Class No	Name of alpaca including prefix	IAR No	Age of alpaca when shorn (in months)	*Age of Fleece (in months)	Colour

*Age of fleece in months between this shearing and previous shearing (if any)

Note: It is the responsibility of the owner of the fleece to arrange collection at the conclusion of the show.

Please attach this completed form to your fleece bag before forwarding to the fleece show co-ordinator.