The 2025 Collie Show
Equestrian events Entry Form

NAME	
ADDRESS	
PHONE	
EMAIL	

NO ENTRY WILL BE ACCEPTED LATER THAN 5pm ON THE FRIDAY OF WEEK PRIOR TO SHOW

I have read the rules & regulations of The Collie Agricultural Society Inc. And agree to abide by these at all times.

DECLARATION FORM MUST BE HANDED TO STEWARD ON SHOW DAY FAILURE TO DO SO WILL RESULT IN DENIAL OF ENTRY

SIGNED

AGE IF UNDER 18 ENTRY DATE

If under 18 then guardian to sign and print name.

Section	Class	Fee	Details	Horse Name
HK	AB	*	Add $10 deposit for arm band if in hacking section (refundable at payout office)	

Other fees as applicable. (Camping, stabling, EA etc.)
Direct payment may be made to BSB 633-108 Account 1273-46666

TOTAL

office use only

DOC	15F0005	RECEIPT		NOTES
CAB	72	INVOICE		
FLD	23			

Collie Agricultural Society
Horse event participation declaration

Name of person in charge of horse(s)……

Address.....Phone:….....

Horse stabled at (day prior to show) ……..…….

Horse returned to after show ……...

Name of horse	Identification (colour/markings/brand)

DISCLAIMER

I,…….....acknowledge and agree as a condition of participating that neither the Collie Agricultural Show nor it's agents, officials, volunteers, medical personnel, nor any person, promotors, sponsors, advertisers, owners and lessees of premises used to conduct the event shall be under any liability for my death or any bodily injury, loss of damage which may be sustained or incurred by me, as a result of participation in or being present at the event.

I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage can and do happen.

Signed..... Date.....
If competitor is under 18 years, a parent/legal guardian must sign.

I, ... declare that the horse(s) named above has/have been in good health eating normally and not shown signs of respiratory disease during the last 3 days leading up to this even. I give my authorisation for the designated Event Horse Health Official to call for veterinary inspection of the horse(s) named above and in my care should they be showing signs of a respiratory illness at any time during the course of the event. I agree to pay any veterinary fees incurred as a result of this veterinary examination.

Signed..... Date.....

Cleaning and disinfection of horse gear

I,..... declare that all horse equipment (tack, bridles, brushes, buckets and other articles that have come into contact with equines) and the horse transport vehicle have been cleaned and disinfected before leaving the property to travel to this event.
Signed..... Date.....

office use only

DOC	15F0005	RECEIPT		NOTES
CAB	72	INVOICE		
FLD	23			

2025 Collie Show
Poultry Entry Form

NAME	
ADDRESS	
PHONE	
EMAIL	

I have read the rules & regulations of The Collie Agricultural Society Inc. and agree to abide by these at all times. I hereby release the said association from any claim or loss to myself, livestock and/or equipment (as applicable).

SIGNED

AGE IF UNDER 18 ENTRY DATE

If under 18 then guardian to sign and print name.

Entry passes to be purchased at the gate.

direct payment may be made to BSB 633-108 Act# 1273-46666

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Fee	Section	Class	Description	Animal ID/name

TOTAL **Check Official Schedule for entry closing dates.**

office use only

DOC	15F0005	RECEIPT		NOTES
CAB	72	INVOICE		
FLD	23			

The 2025 Collie Show
Pavilion Entry Form

NAME	
ADDRESS	
PHONE	
EMAIL	

1.

NO ENTRY WILL BE ACCEPTED LATER THAN 5pm ON THE FRIDAY OF WEEK PRIOR TO SHOW

Attention is drawn to this extract from [1] in the rules and regulations
All exhibits, except livestock, must be grown by, or the work of, the exhibitor (unless otherwise stated) and any exhibitor may be called upon to make an affidavit to that effect.

I have read the rules & regulations of The Collie Agricultural Society Inc. and those applicable to the pavilion and I agree to abide by these at all times

SIGNED

AGE IF UNDER 18 ENTRY DATE

If under 18 then guardian to sign and print name.

Additional forms and official schedule available from website. www.collieag.org.au
direct payment may be made to BSB 633-108 Act# 1273-46666 (email secretary with payment details)

Section	Class	Fee	Details	OFFICE USE ONLY
a10f034	total		**All prizes awarded at judge's discretion**	

office use only

DOC	15F0005	RECEIPT		NOTES
CAB	72	INVOICE		
FLD	23			

2025 Collie Show Dairy Goats Entry Form

EXHIBITOR NAME		ADDRESS	
PHONE NUMBER		EMAIL	
		MOBILE	

I have read the rules and regulations of The Collie Agricultural Society Inc. and agree to abide by these at all times. I hereby release the said society from any claim or loss to myself, livestock and/or equipment (as applicable).

SIGNATURE: ENTRY DATE

SCT	CLASS	ANIMAL NAME	REG. #	TATTO/EID	DOB	SIRE	DAM	FEE

Check Official Schedule for entries closing date TOTAL =

Additional entry forms & official schedule available from website www.collieag.org.au

office use only

DOC	15F0006	RECEIPT		NOTES
CAB	72	INVOICE		
FLD	70			