



ENTRY FORM

BLOCK CAPITALS PLEASE - USE SEPARATE ENTRY FORMS FOR EACH CLASS

NAME:	REGISTERED PREFIX:
ADDRESS:	FLOCK CODE: CPH:
POSTCODE:	FARM ASSURANCE No.:
TELEPHONE No.	N.B. All entries must be MV Accredited
E-MAIL ADDRESS:	SCRAPIE MONITORED: Y ☐ N ☐
CLASS:	EAE ACCREDITED: Y ☐ N ☐

Enter Class Above: Ewe, Gimmer or Ewe Lamb

Pen No.	Sale No.	Ear Number	Scrapie Genotype	
			/	
Service Sire Name & Number:				
Animals Name:				
Service Date:				
Breeders Comments :				

Pen No.	Sale No.	Ear Number	Scrapie Genotype	
			/	
Service Sire Name & Number:				
Animals Name:				
Service Date:				
Breeders Comments :				

Pen No.	Sale No.	Ear Number	Scrapie Genotype	
			/	
Service Sire Name & Number:				
Animals Name:				
Service Date:				
Breeders Comments :				

I, _____ being the Owner or Authorised Agent for the flock agree to abide by the Suffolk Sheep Society Bye-Laws governing sales and confirm all information is correct.
Enclose the appropriate, registration certificates and Entry Fees of £10.00 including VAT per entry £

Signed:

Date:

Pen No.	Sale No.	Ear Number	Scrapie Genotype		
				/	
Service Sire Name & Number:					
Animals Name:					
Service Date:					
Breeders Comments :					

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				/	
Service Sire Name & Number:					
Animals Name:					
Service Date:					
Breeders Comments :					

ANM values the personal data of our customers and will never share your data, unless required to do so by law. We collect and store your information as part of our legal obligation for business accounting purposes.