ENTRY FORM CHILDRENS CLASSES

Class No	No of Entries	Name of Child	Age

Name	
Address	
	Postcode
Tel No	Mobile:
Email Address:	
By signing this form, I/we agree to abid the sharing of my/our data, if necessar	te by the rules of the Gilsland Agricultural Society, and accept y, with the bodies associated with the show.
Signed	

Please make Cheques payable to 'Gilsland Agricultural Society' Post to: Vicky Baty, Broomhill, Hethersgill, Carlisle, CA6 6HB or BACS DETAILS Sort code 16 52-21 Account number 52158105 Please put your name as a reference Tel 01228 675368 e-mail: <u>gilslandshowsecretary@gmail.com</u>

ENTRIES FOR THE CHILDRENS CLASSES WILL BE ACCEPTED ON SHOW DAY