



Does your club require builders fencing for your club stand? Yes / No How many are required? _____

National YMA Finals 2019

Club:

Co-Ordinator Signature:

CALF CLASSES

- By signing this form, as either a parent, owner, member or co-ordinator, you declare that you have read and agree to comply with the showing rules & regulations of IHFA & YMA for the National Calf Show Competition as set out in the IHFA Herdbook rules.
- GDPR COMPLIANCE:** We require your consent to publish results & photos taken at the event of to be used in: IHFA Journal, Online: IHFA Journal, Issuu.com Social media: Instagram, Twitter, Facebook, National & Regional Press
Official Photographer: Maria Kelly www.mariakellyphotography.com (Parents / Legal guardians must sign for Under 18's)

Closing date for entries Monday 8th July 2019
Please post this form to Celine Griffin, IHFA, Clonakilty, Co. Cork and email the accompanying spreadsheet to doireann.mulhall@gmail.com & cgriffin@ihfa.ie

Calf Class:	Calf Tag:	Calf DOB:	Owner Signature as on CMMS:	Handler:	Signature (by parent if under 18)	GDPR CONSENT	
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Please print and complete additional forms if required



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HANDLER CLASSES

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Handler Class:	Handler:	Handler DOB:	Signature (by parent if under 18)	GDPR Consent	Calf Tag:	Signature of Owner as On CMMS:
_____	_____	_____	_____	YES NO	_____	_____
_____	_____	_____	_____	YES NO	_____	_____
_____	_____	_____	_____	YES NO	_____	_____
_____	_____	_____	_____	YES NO	_____	_____
_____	_____	_____	_____	YES NO	_____	_____
_____	_____	_____	_____	YES NO	_____	_____
_____	_____	_____	_____	YES NO	_____	_____
_____	_____	_____	_____	YES NO	_____	_____
_____	_____	_____	_____	YES NO	_____	_____
_____	_____	_____	_____	YES NO	_____	_____
_____	_____	_____	_____	YES NO	_____	_____
_____	_____	_____	_____	YES NO	_____	_____
_____	_____	_____	_____	YES NO	_____	_____
_____	_____	_____	_____	YES NO	_____	_____
_____	_____	_____	_____	YES NO	_____	_____
_____	_____	_____	_____	YES NO	_____	_____
_____	_____	_____	_____	YES NO	_____	_____
_____	_____	_____	_____	YES NO	_____	_____
_____	_____	_____	_____	YES NO	_____	_____
_____	_____	_____	_____	YES NO	_____	_____

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CLIPPING CLASSES

Clipping : Team	Clippers	Clipper DOB:	Signature (by parent if under 18)	GDPR CONSENT	Calf Tag:	Calf DOB:	Owner Signature as on CMMS
TEAM A	_____	_____	_____	YES NO	_____	_____	_____
	_____	_____	_____	YES NO	_____	_____	_____
TEAM B	_____	_____	_____	YES NO	_____	_____	_____
	_____	_____	_____	YES NO	_____	_____	_____
INDIVIDUAL CLIPPER	_____	_____	_____	YES NO	_____	_____	_____
	_____	_____	_____	YES NO	_____	_____	_____

AG-ANALYSIS COMPETITION

Team	Name	DOB:	Signature (by parent if under 18)	GDPR Consent	Team	Name	DOB:	Signature (by parent if under 18)	GDPR Consent
TEAM A	_____	_____	_____	YES NO	TEAM B	_____	_____	_____	YES NO
	_____	_____	_____	YES NO		_____	_____	_____	YES NO
	_____	_____	_____	YES NO		_____	_____	_____	YES NO