

Ian Harris Memorial Heifer Competition

REGISTRATION FORM

My Details

Name:	
Contact Number:	Email:
Address:	

My Heifer

Animal ID and Herd Number:	
Animal Name:	
Herd Participant Code:	Animal Owner:
Permission to use this animal (if not owned by yourself):	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()
Date Of Last Planned Herd Test: / /	

Competition Entry

Age Category:	<input type="checkbox"/> Junior 8-17 years ()	<input type="checkbox"/> Senior 18-35 years ()
Are You a Member of JerseyNZ:	<input type="checkbox"/> Yes ()	<input type="checkbox"/> No ()

If you are not a member, are you associated with a member of JerseyNZ? - Example family member or employee. If yes, please note Members name: _____

Date: / /	Signed: _____
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Parents must consent for Junior Entries

NOMINATIONS CLOSE 14 AUGUST 2026

