## The Biddenham Show 2024

## **Entry Form**

Name		Entry Class Number						ب	Trophies of Excellence						
		Young			Young Biddenham Entry ? (delete as appropriate)	Age on 1st Sept 2024	Family	Male Resident	Female Resident	New Resident	Young Biddenham	Gardeners' Association	Non- resident		
Joe Public	9	16	19	21	26		<del>Yes</del> / No			X					
							Yes / No								
							Yes / No								
							Yes / No								
							Yes / No								
							Yes / No								
							Yes / No								
							Yes / No								
							Yes / No								
								You m	ust ind	icate in	the ch	eck box	above	if	

You must indicate in the check box above if you wish to compete for the specified trophy

If you are a child or young person – fill in first name, surname and age. If you are an adult enter title as well as names.

Address:		Phone No.:
		Email address (optional):
	   	Please note that all entries must be brought to the showground <b>between 8:15 am and 9:45 am</b> on the morning of <b>Sunday 8th September</b> .

**Late entries will not be accepted** as judging will commence at 10 am.