

THE DAIRY GOAT SOCIETY OF SOUTH AUSTRALIA INC.

Secretary : P.O.BOX 97, CAMBRAI S.A. 5353

Telephone (08) 85645020

24 HOUR PRODUCTION TEST

APPLICATION FORM

NAME:.....

ADDRESS:

.....

TELEPHONE:

I here by submit(number) goats for a 24 Hour Production Test and agree to observe and abide by the rules governing such tests.

I enclose my Cheque for \$..... being full fees due.

| | | | |
|-------|-----------------|------------------|---------|
| Fees: | Application Fee | \$10.00 only | \$10.00 |
| | Plus | \$ 2.00 per goat | |
| | | Total Fees: | \$..... |

I wish to have the test preformed during the month of

My normal milking times aream. and pm.

My steward will be:

Address:

Phone No.

Herd Owners Signature:

Date:

IMPORTANT: When completed this form must be forwarded to the Milk Awards Officer, DGSSA Inc.