

Participant Declaration Form

Colchester Tendring 13/07/2019

Title: Name: Surname:

Address:

.....

Postcode: CPH number (if available):

Address of birds (if different from the above):

.....

..... Postcode:

Phone: Mobile:

Email:

Number of entries:

Chickens: Ducks: Geese: Turkeys: Eggs:

Other (please specify): Number:

In signing below, I declare that:

- I have read and will comply with the biosecurity information provided
- The birds entered have not been in contact with any notifiable avian disease agents and do not show any signs of infection
- The address of the place of origin of the birds entered (above) is not from an area of the UK which is under restrictions relating to notifiable avian disease (including Restricted, Protection and Surveillance zones) imposed by Ministers
- I accept full responsibility for my own birds during the poultry gathering.

Signed: Date: