

CRYSTAL BROOK SPORTS SHEAR ENTRY FORM

NAME: _____

ADDRESS: _____

TOWN: _____ STATE: _____ P/C: _____

PHONE: _____ FAX: _____

EMAIL: _____

INDIVIDUAL COMPETITION-CHOOSE ONE

LEARNERS: _____ FREE _____

VETERANS: _____ \$20 _____

INTERMEDIATE: _____ \$25 _____

SENIOR: _____ \$30 _____

OPEN: _____ \$35 _____

SPEEDSHEAR

INTERMEDIATE: _____ \$15 _____

OPEN: _____ \$20 _____

HIGHEST TALLIES: _____

By completing this form you have accepted that the information may be used within SSSA and SSA databases.

I understand that I will be taking part in the Crystal Brook Sports Shear Competition at my own risk and understand that the Crystal Brook Show Society and Sports Shear South Australia Inc. does not accept any responsibility for any accident or injury that may occur during this time.

SIGNATURE: _____ DATE _____