

ANNUAL SHOW

Exhibitors are requested to make their entries on this form and send it to the Secretary, together with entry fees. Entries may be posted to PO Box 159, Crystal Brook SA 5523 or emailed to secretary.cbshow@gmail.com. Enquiries to mobile no. 0474 502 241.

Tax Invoice (ABN 88 779 385 428)

EXHIBITORS ENTRY FORM

Section	Class	No. of Entries	Office Use only	Exhibit	Entry Fee	
					\$	c

NOTE - LIVESTOCK EXHIBITORS MUST SUPPLY PIC NUMBER:

Health Statement & NVD provided <input type="checkbox"/> please tick	Entry Fees		
Entering for senior NASA Aggregate <input type="checkbox"/> YES <input type="checkbox"/> NO	Membership		
Entering for junior NASA Aggregate <input type="checkbox"/> YES <input type="checkbox"/> NO (under 18 years in year of the Show) Aggregate rules – refer to pg. 8 Show Book	TOTAL \$		
		GST inclusive	

PAYMENT DETAILS:

Cheque enclosed EFT Cash (payable at the Show Office from 2 weeks prior to Show Day)
 BSB: 015 693 A/C No: 602550050A/C Name: Crystal Brook North Western Ag Society Inc
Payment Reference: Include Surname, Initial and "Entries/membership"

Note: Please email a copy of the EFT receipt to secretary.cbshow@gmail.com

NAME:.....PH. NUMBER:.....

ADDRESS:.....STATE:.....POSTCODE:.....

EMAIL ADDRESS:.....PIC No:.....

I, the undersigned, declare that the above Exhibits are entered subject to the Rules, Regulations and Conditions of the above Society.

SIGNATURE:.....DATE:.....