

CRYSTAL BROOK NWA'S SHOW SOCIETY INC

CRYSTAL BROOK SPORTS SHEAR ENTRY FORM

| | | |
|----------|--------|-----------|
| NAME: | | |
| ADDRESS: | | |
| TOWN: | STATE: | POSTCODE: |
| PHONE: | FAX: | |
| EMAIL: | | |

INDIVIDUAL COMPETITION (Choose one)

| | |
|---------------|----------------------------------|
| LEARNERS: | <input type="checkbox"/> FREE |
| SENIORS: | <input type="checkbox"/> \$30.00 |
| INTERMEDIATE: | <input type="checkbox"/> \$25.00 |
| OPEN: | <input type="checkbox"/> \$35.00 |

SPEEDSHEAR

| | |
|---------------|----------------------------------|
| INTERMEDIATE: | <input type="checkbox"/> \$10.00 |
| OPEN: | <input type="checkbox"/> \$20.00 |

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: ____/____/____