



ROYAL ADELAIDE SHOW JUNIOR DOG HANDLER COMPETITION OFFICIAL ENTRY FORM

This entry form will act as a tax invoice. All fees are GST inclusive.
ABN 68 531 710 498

Return this entry form to:
Postal: Dog Section,
PO Box 40, Goodwood SA 5034

Office: Adelaide Showground,
Secretary's Office, Rose Terrace
Entrance, Wayville SA.
**Faxed applications will not be
accepted**

PERSONAL DETAILS

SURNAME: _____ GIVEN NAME: _____
POSTAL ADDRESS: _____
STATE: _____ POSTCODE: _____
TELEPHONE: _____ FACSIMILE: _____
MOBILE: _____ I DO NOT WISH FOR MY CONTACT DETAILS TO BE AVAILABLE TO OTHER PARTIES
EMAIL: _____

BREED OF DOG:

CLASSES - (Please tick class your entering)

CLASS 1 - AGES 7 TO UNDER 14 YEARS	FREE ENTRY	<input checked="" type="checkbox"/>	CLASS 2 - AGES 14 TO UNDER 18 YEARS	FREE	<input checked="" type="checkbox"/>
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PAYMENT DETAILS

	MEMBER	NON-MEMBER	X	NO. OF ENTRIES	=	\$	OFFICE USE ONLY
PRE-PAID CATALOGUE	\$6.00	\$6.00	X	<input type="text"/>	=	\$	CAT
RA&HS MEMBERSHIP:	\$125.00	\$125.00	X	<input type="text"/>	=	\$	MEM
RA&HS JNR MEMBERSHIP:	\$42.00	\$42.00	X	<input type="text"/>	=	\$	MEMJ
EXTRA ADMISSION TICKETS	MEMBER	NON-MEMBER	X	NO. OF TICKETS	=	\$	
ADULT (1 DAY PASS)	\$17.00	\$18.00	X	<input type="text"/>	=	\$	ENTRY TICKET/S
CHILD (1 DAY PASS)	\$11.0	\$12.00	X	<input type="text"/>	=	\$	ENTRY TICKET/S
TOTAL:					=	\$	CDG ENTR

GST INFORMATION—Please complete either GST information OR hobbyist Declaration

I, the above named exhibitor, apply to enter as part of a Private recreational pursuit or hobby Yes

OR

I, the above named exhibitor, am entering as a GST registered business Yes

ABN:

CONDITIONS OF ENTRY—Must be signed for entry to be accepted

- I hereby apply to enter the following exhibit/s in terms of and upon the conditions set out in the Controls Constitution and Rules by which I agree to be bound, and hereby certify to the correctness of the particulars endorsed hereon.

Signature: _____ Date: _____

(Parent or Guardian must sign if exhibitor under 18 years)

OFFICE USE ONLY

MEM	MEMJ	DISC	CAT	ADULT ENTRY PASS	CHILD ENTRY PASS	TOTAL
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CHECKED BY _____ DATE _____

PAYMENT DETAILS

DOG JUNIOR HANDLER COMPETITION—CDG

NAME: _____ FORM OF PAYMENT: Cash Cheque Money Order Credit Card
POSTAL ADDRESS: _____ TYPE OF CARD: VISA Mastercard Amex/Diners (3%fee applies)
MEMBERSHIP NO (If previously paid): _____ NAME ON CARD: _____ EXPIRY: /
CARD NO:
NOTE: A MINIMUM OF \$10 IS REQUIRED FOR ALL CREDIT CARD PAYMENTS SIGNATURE: _____

OFFICE USE ONLY

MEM	MEMJ	DISC	CAT	ADULT ENTRY PASS	CHILD ENTRY PASS	TOTAL
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CHECKED BY _____ DATE _____ Inv: _____