



GRAINS & FODDER 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: Grains & Fodder 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

DO YOU REQUIRE SAMPLES TO BE PICKED UP? YES NO

EXHIBITOR: _____ TRADING NAME: _____

POSTAL ADDRESS: _____

STATE: _____ POSTCODE: _____

TELEPHONE: _____ FACSIMILE: _____

MOBILE: _____ I DO NOT WISH FOR MY CONTACT DETAILS TO BE AVAILABLE TO OTHER PARTIES

EMAIL: _____

GRAINS & FODDER CLASSES - All fees must accompany this form

CLASS NO	GRAIN/FODDER TYPE	DESCRIPTION OF CLASS	VARIETY/IES	ENTRY FEE

PREPARED SEED CLASSES

CLASS NO	DESCRIPTION OF CLASS	VARIETY	MOBILE	STATIONARY	FUNGICIDE USED	ENTRY FEE

TOTAL ENTRY FEES \$
(FROM THIS PAGE)

**FOR ADDITIONAL ENTRY FORMS, SAMPLE BAGS
AND/OR LABELS PLEASE PHONE (08) 8210 5211**

AGRICULTURAL BUREAU CLASS - 15 COLLECTION OF WHEAT				
SAMPLE NO	NAME OF GROWER	VARIETY	WHEAT	ENTRY FEE
1				
2				
3				
1				
2				
3				
1				
2				
3				

AGRICULTURAL BUREAU CLASS - 16 COLLECTION OF BARLEY				
SAMPLE NO	NAME OF GROWER	VARIETY	ENTRY FEE	
1	MALTING			
2	FEED			
1	MALTING			
2	FEED			

AGRICULTURAL BUREAU CLASS - 17 COLLECTION OF OATS				
SAMPLE NO	NAME OF GROWER	VARIETY	ENTRY FEE	
1	MILLING			
2	FEED			
1	MILLING			
2	FEED			

	TOTAL ENTRY FEES	\$
	TOTAL ENTRY FEES (FROM OVERLEAF)	\$
	MEMBERSHIP	\$
	TOTAL	\$

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 agree to comply with and be bound by the General and Special Regulations and By-Laws of the RA&HS of SA Inc as applicable
- I certify that the details on this entry form are true and correct

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

OFFICE USE ONLY	ENTR	MEM	DISC	TOTAL
CHECKED BY _____ DATE _____				

PAYMENT DETAILS		GRAINS & FODDER—CGF	
NAME:	FORM OF PAYMENT: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card	TYPE OF CARD: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex/Diners (3%fee applies)	
POSTAL ADDRESS:	NAME ON CARD:	EXPIRY: /	
MEMBERSHIP NO (If previously paid):	CARD NO: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
NOTE: A MINIMUM OF \$10 IS REQUIRED FOR ALL CREDIT CARD PAYMENTS	SIGNATURE:		

OFFICE USE ONLY	ENTR	MEM	DISC	TOTAL
CHECKED BY DATE Inv:				