



# SA DAIRY AWARDS 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:** Dairy Products 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

NAME OF COMPANY: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_  
POSTAL ADDRESS: \_\_\_\_\_  
STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ FACSIMILE: \_\_\_\_\_  
MOBILE: \_\_\_\_\_ I DO NOT WISH FOR MY CONTACT DETAILS TO BE AVAILABLE TO OTHER PARTIES   
I WISH TO BE CONTACTED VIA EMAIL   
EMAIL: \_\_\_\_\_

## CLASSES - All fees must accompany this form

CLASS NO	NAME OF EXHIBIT	ENTRY FEE	CLASS NO	NAME OF EXHIBIT	ENTRY FEE

ADDITIONAL SPACES FOR ENTRIES OVERLEAF

Please Note: Entries can be placed 'on line'. See schedule for details

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

## SPECIAL AWARD

BEST PRODUCT FROM AN EMERGING CHOCOLATE MANUFACTURER:  
LENGTH OF TRADE (if applicable) \_\_\_\_\_ years \_\_\_\_\_ months

## GST INFORMATION—Please complete GST information

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: \_\_\_\_\_

## OFFICE USE ONLY

CHECKED BY \_\_\_\_\_ DATE \_\_\_\_\_

ENTR	MEM	DISC			TOTAL
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## PAYMENT DETAILS

## DAIRY PRODUCTS—CDP

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

CHECKED BY \_\_\_\_\_ DATE \_\_\_\_\_ Inv: \_\_\_\_\_

ENTR	MEM	DISC			TOTAL
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