



NATIONAL DOG GROOMING 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: Dogs 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 I DO NOT WISH FOR MY CONTACT DETAILS TO BE AVAILABLE TO OTHER PARTIES

SURNAME: _____ GIVEN NAME: _____
 POSTAL ADDRESS: _____
 _____ STATE: _____ POSTCODE: _____
 TELEPHONE: _____ FACSIMILE: _____
 MOBILE: _____ EMAIL: _____

CLASSES - All fees must accompany this form

CLASS	NAME	SEX M, F or NEUTER	BREED	ENTRY FEE
	EXHIBIT:			
	GROOMER:			
	EXHIBIT:			
	GROOMER:			
	EXHIBIT:			
	GROOMER:			
	EXHIBIT:			
	GROOMER:			

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 <input type="checkbox"/> Yes I, the above named exhibitor, am entering as a GST registered business <input type="checkbox"/> Yes ABN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	TOTAL ENTRY FEES	\$
	MEMBERSHIP	\$
	TOTAL	\$

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 **DOG GROOMING—CDG**

NAME:	FORM OF PAYMENT: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card
POSTAL ADDRESS:	TYPE OF CARD: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex/Diners (3%fee applies)
	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"/> <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: _____						