



MOHAIR 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: Mohair 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

EXHIBITOR/STUD NAME: _____ CONTACT NAME: _____

POSTAL ADDRESS: _____

STATE: _____ POSTCODE: _____

TELEPHONE: _____ FACSIMILE: _____

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

EMAIL: _____

CLASSES - All fees must accompany this form

CLASS NO	NAME OF ANIMAL	SHEARING DATE (1)	SHEARING DATE (2)	ENTRY FEE	CLASS NO	NAME OF ANIMAL	SHEARING DATE (1)	SHEARING DATE (2)	ENTRY FEE

ENTRY FEES	\$
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
- I certify that the above information is true and correct and that the animals on the said dates were clean shorn (snow combs allowed)

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

OFFICE USE ONLY

ENTR	MEM	DISC			TOTAL
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CHECKED BY _____ DATE _____

PAYMENT DETAILS

MOHAIR—CGM

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

ENTR	MEM	DISC			TOTAL
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CHECKED BY _____ DATE _____ Inv: _____