



# HONEY 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:** Honey 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: \_\_\_\_\_

## CLASSES - All fees must accompany this form

CLASS NO	ENTRY FEE	CLASS NO	ENTRY FEE	CLASS NO	ENTRY FEE	CLASS NO	ENTRY FEE

**ATTENTION IS DIRECTED TO THE PRIZE SCHEDULE FOR TIMES OF DELIVERY AND REMOVAL OF EXHIBITS FROM THE SHOWGROUND. THESE TIMES WILL BE STRICTLY ADHERED TO.**

TOTAL 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

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

## OFFICE USE ONLY

ENTR MEM DISC TOTAL

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

## PAYMENT DETAILS

## HONEY—CHY

NAME: \_\_\_\_\_ FORM OF PAYMENT:  Cash  Cheque  Money Order  Credit Card

POSTAL ADDRESS: \_\_\_\_\_ TYPE OF CARD:  VISA  Mastercard  Amex/Diners (3%fee applies)

NAME ON CARD: \_\_\_\_\_ EXPIRY: /

MEMBERSHIP NO (If previously paid): \_\_\_\_\_ CARD NO:

**NOTE: A MINIMUM OF \$10 IS REQUIRED FOR ALL CREDIT CARD PAYMENTS** SIGNATURE: \_\_\_\_\_

## OFFICE USE ONLY

ENTR MEM DISC TOTAL

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