



HORTICULTURE 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: Horticulture 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: _____ CONTACT NAME: _____
 POSTAL ADDRESS: _____
 _____ STATE: _____ POSTCODE: _____
 TELEPHONE: _____ FACSIMILE: _____
 MOBILE: _____ EMAIL: _____

CLASSES - All fees must accompany this form

| CLASS NO | DIMENSIONS | ENTRY FEE | CLASS NO | DIMENSIONS | ENTRY FEE |
|----------|------------|-----------|----------|------------|-----------|
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ADDITIONAL SPACES FOR ENTRIES OVERLEAF

| | |
|--|-----------|
| TOTAL ENTRY FEES | \$ |
| TOTAL ENTRY FEES <small>(FROM OVERLEAF)</small> | \$ |
| MEMBERSHIP <small>(OPTIONAL)</small> | \$ |
| 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 I have owned and cultured these entries 60 days prior to the close of entries

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

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

PAYMENT DETAILS **HORTICULTURE—CHO**

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 |
|--|------|-----|------|--|--|-------|
| CHECKED BY _____ DATE _____ Inv: _____ | | | | | | |

