



HORTICULTURE for GROUPS/SCHOOLS 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

NAME OF GROUP/SCHOOL: _____

CONTACT NAME: _____

POSTAL ADDRESS: _____

STATE: _____ POSTCODE: _____

TELEPHONE: _____ FACSIMILE: _____

MOBILE: _____ EMAIL: _____

CLASSES - All fees must accompany this form

CLASS NO	NAME OF STUDENT	DATE OF BIRTH	DIMENSIONS	ENTRY FEE

ADDITIONAL SPACES FOR ENTRIES OVERLEAF

TOTAL ENTRY FEES	\$
TOTAL ENTRY FEES (FROM OVERLEAF)	\$
MEMBERSHIP (OPTIONAL)	\$
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 work entered is the original and unaided work of the exhibitor/s and that all students are entering as part of a private recreational pursuit or hobby
- I certify that these entries have been owned and cultured by the exhibitors 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 for GROUPS/SCHOOLS—CHO

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: _____

