



LED STEERS - 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: Led Steer 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

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

CLASSES—All fees must accompany this form.

(Maximum of 5 entries per school, however only one entry of any one breed is permitted.)

CLASS NO.	EXHIBIT NAME	BREED	ENTRY FEE
	BREEDER	DATE OF BIRTH	
	SIRE	DAM	
CLASS NO.	EXHIBIT NAME	BREED	ENTRY FEE
	BREEDER	DATE OF BIRTH	
	SIRE	DAM	
CLASS NO.	EXHIBIT NAME	BREED	ENTRY FEE
	BREEDER	DATE OF BIRTH	
	SIRE	DAM	
CLASS NO.	EXHIBIT NAME	BREED	ENTRY FEE
	BREEDER	DATE OF BIRTH	
	SIRE	DAM	
CLASS NO.	EXHIBIT NAME	BREED	ENTRY FEE
	BREEDER	DATE OF BIRTH	
	SIRE	DAM	

*** NAME OF SIRE MUST BE STATED AT TIME OF ENTRY,
FAILURE TO COMPLY WILL RESULT IN DISQUALIFICATION.**

PROPERTY IDENTIFICATION CODE

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ENTRY FEE	\$
MEMBERSHIP FEE	\$
LOCKER FEE	\$
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 declare that the exhibits are free from hormone growth promotants
- To the best of my/our knowledge, the animals entered have not been exposed to any notifiable disease

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

Date: _____

OFFICE USE ONLY

ENTR	MEM	LOCKER	TOTAL

CHECKED BY _____ DATE _____