

COOKERY 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: Cookery 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	CLASS NO	ENTRY FEE
								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

COOKERY—CCR

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: _____					