



OPEN ART & CRAFT 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: Open Art & Craft 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

QUILT CLASSES ONLY

PLEASE TICK IF A NOVICE EXHIBITOR

CLASS NO	SIZE	DESCRIPTION	ENTRY FEE	CLASS NO	SIZE	DESCRIPTION	ENTRY FEE

OPEN ART & CRAFT - No more that two entries per class

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

**EXHIBITS NOT COLLECTED PRIOR TO 30 SEPTEMBER
WILL BE DISPOSED OF BY THE SOCIETY**

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 that the entries submitted are entirely my own work and have not been exhibited previously and are not copies of photography from periodicals, magazines or art instruction books nor copies of artist's work.
- 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

OPEN ART & CRAFT—CCR

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: _____