JUNIOR ART, CRAFT, DESIGN, HOME ECONOMICS, DESIGN & TECHNOLOGY OFFICIAL ENTRY FORM

royal adelaide SHOW
theshow.com.au

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: Junior 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

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
- 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

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

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

PAYMENT DETAILS — JUNIOR ART, CRAFT, DESIGN, HOME EC, DESIGN & TECH—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:.....						