



AQUARIUM FISH 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: Aquarium Fish 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	TYPE OF FISH AND COLOUR IF TWO ARE ENTERED IN THE SAME CLASS	ENTRY FEE	CLASS NO	TYPE OF FISH AND COLOUR IF TWO ARE ENTERED IN THE SAME CLASS	ENTRY FEE

NUMBER OF TANK SPACE REQUIRED?		DO YOU REQUIRE A LOAN TANK? <input type="checkbox"/> YES <input type="checkbox"/> NO		ENTRY FEES	\$
<input type="checkbox"/> 24 INCH	<input type="checkbox"/> 36 INCH	HOW MANY OF EACH SIZE? <input type="checkbox"/> 24 INCH <input type="checkbox"/> 36 INCH		MEMBERSHIP	\$
<input type="checkbox"/> TROPICAL	<input type="checkbox"/> COLD	LOAN TANKS ARE STRICTLY 'ONE PER PERSON' AND 'FIRST SERVE BASIS' AS ONLY A LIMITED NUMBER ARE AVAILABLE		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 <input type="checkbox"/> Yes	OR	I, the above named exhibitor, am entering as a GST registered business <input type="checkbox"/> Yes
		ABN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

AQUARIUM FISH—CAQ

NAME:	FORM OF PAYMENT: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card
POSTAL ADDRESS:	TYPE OF CARD: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex/Diners (3%fee applies)
	NAME ON CARD: _____ EXPIRY: /
MEMBERSHIP NO (If previously paid):	CARD NO: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
NOTE: A MINIMUM OF \$10 IS REQUIRED FOR ALL CREDIT CARD PAYMENTS	SIGNATURE: _____

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