



# CAVIES 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:** Cavy 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

PEN (OFFICE USE ONLY)	CLASS NO.	SECTION (BOAR, SOW, INTER, YOUNG)	DATE OF BIRTH	BREED / COLOUR	FULL REGISTERED NAME OF CAVY & STUD (PLEASE PRINT)	BR	CH
						PLEASE TICK	

**BIRTHDATE MUST BE SUPPLIED OR ANIMAL WILL BE ENTERED IN ADULT CLASS**

**ADDITIONAL SPACES OVERLEAF**

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 _____						

## OFFICE USE ONLY

## CAVIES—CCV

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)
MEMBERSHIP NO (If previously paid):	NAME ON CARD: _____ EXPIRY: /
NOTE: A MINIMUM OF \$10 IS REQUIRED FOR ALL CREDIT CARD PAYMENTS	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"/>
	SIGNATURE: _____

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

