royal adelaide SHOW
theshow.com.au

CAGED BIRDS
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: Caged Bird 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	NO OF ENTRIES IN THIS CLASS	ENTRY FEE	CLASS NO	NO OF ENTRIES IN THIS CLASS	ENTRY FEE	CLASS NO	NO OF ENTRIES IN THIS CLASS	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 — CAGED BIRDS—CCB

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:.....						