ROYAL ADELAIDE SHOW

PO BOX 40, GOODWOOD SA 5034
ABN 68 531 710 498
This entry form will act as a tax invoice.
All fees are GST inclusive.

2008 WEIGHT PULL COMPETITION OFFICIAL ENTRY FORM

Copies of the General and Special Regulations and By-Laws of the RA&HS of SA Inc are available upon request at the Society's Administration Office. The General Regulations may also be viewed on the Society's web site:
www.adelaideshowground.com.au

ENTRIES CLOSE FRIDAY 25 JULY 2008 AT 5.00 PM

PERSONAL DETAILS

EXHIBITOR:

CLUB:
(If applicable)

POSTAL ADDRESS:

STATE: POSTCODE:

TELEPHONE: FACSIMILE:

MOBILE: I DO NOT WISH FOR MY CONTACT DETAILS TO BE AVAILABLE TO OTHER PARTIES ☐

EMAIL:

EXHIBIT DETAILS - All fees must accompany this form

A COPY OF CURRENT WEIGHT CERTIFICATE/S IS INCLUDED WITH THIS ENTRY FORM: ☐ YES

NAME	BREED	SEX M or F	DOB	DOG WEIGHT	ENTRY FEE
EXHIBIT:					
HANDLER:			/ /		
EXHIBIT:					
HANDLER:			/ /		
EXHIBIT:					
HANDLER:			/ /		
EXHIBIT:					
HANDLER:			/ /		
EXHIBIT:					
HANDLER:			/ /		
EXHIBIT:					
HANDLER:			/ /		

PERFORMANCE INFORMATION REQUIRED - PLEASE SEE OVERLEAF

TOTAL ENTRY FEES	$
MEMBERSHIP (OPTIONAL)	$
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

- I agree to be 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)

PLEASE SEE OVER ⇨

OFFICE USE ONLY	ENTR	MEM	MEMJ				TOTAL
CHECKED BY: _____ DATE _____	$	$	$	$	$	$	$

PAYMENT DETAILS

DOG WEIGHT PULL - 2008CWP

NAME:

FORM OF PAYMENT: ☐ Cash ☐ Cheque ☐ Money Order ☐ Credit card

MEMBERSHIP NUMBER (If previously paid) :

TYPE OF CARD: ☐ VISA ☐ Mastercard ☐ Amex/Diners (3% fee applies)

NOTE: A MINIMUM OF $10 IS REQUIRED FOR ALL CREDIT CARD PAYMENTS

NAME ON CARD: EXPIRY: /

CARD NO: ☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐

SIGNATURE:

OFFICE USE ONLY	ENTR	MEM	MEMJ				TOTAL
Checked by: ..... Date: ..... Inv:	$	$	$	$	$	$	$

DOG'S PERFORMANCES - Please list for announcers

ELECTRONIC FUND TRANSFER (EFT) OF PRIZE MONEY	
IF YOU WOULD PREFER YOUR PRIZE MONEY PAID DIRECTLY INTO YOUR BANK ACCOUNT, PLEASE COMPLETE THIS SECTION	
ACCOUNT HOLDER / NAME:	
BSB NO:	
ACCOUNT NO:	
BANK:	
BRANCH:	
SIGNATURE OF ACCOUNT HOLDER:	

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