



Section Number

Home Economics Entry Form

Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Please Tick**Email:**

Description – 1 entry per line only.

Use additional form if more lines are required

Entry Fee:

| | |
|--------------------------|-----------|
| Total Entry Fee/s | \$ |
|--------------------------|-----------|

Payment Details next page.....

Payment by:

| | | | | |
|---------------------------------|-------------------------------|--|-------------------------------------|-------------------------------|
| <input type="checkbox"/> Cheque | <input type="checkbox"/> Cash | <input type="checkbox"/> Direct Online | <input type="checkbox"/> Mastercard | <input type="checkbox"/> Visa |
|---------------------------------|-------------------------------|--|-------------------------------------|-------------------------------|

| | | | | | | | | | | | | | | | |
|----------------------|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Card Number | <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"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Expiry Date | <input type="text"/> / <input type="text"/> | | CVV | <input type="text"/> | | Amount | | \$ | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
| Cardholder Signature | <input type="text"/> | | | | Date | | | | <input type="text"/> / <input type="text"/> / <input type="text"/> | | | | | | |

Bank Details for Online Payment:

Account Name: Sarina Show Society
BSB: 633-000 ACC: 146 042 494 Ref: Home Ec Surname

You must use a reference so that we can trace your payment.

Please forward your entry form to:

| | | |
|---------------------|---------------------|--------------------------------------|
| Post: | Deliver: | Phone / Email |
| Sarina Show Society | Sarina Show Society | Phone: 07 4956 1066 |
| PO Box 119 | 91238 Bruce Highway | Email: sarina.showsoc@bigpond.com.au |
| SARINA QLD 4737 | SARINA QLD 4737 | |

Privacy Statement: The information provided by you in application to enter is used by the Sarina Show Society to offer services or to organise and conduct competitions at the Sarina Show. By entering our competitions, you consent to provide such details as your name, address, and exhibit details. Competition information may be made available to the media and can be included in Sarina Show publications. Your information will not be disclosed without your consent for any other purpose unless required by law.

Signature Date: / /

Please accept my above entries subject to the Conditions of Entry and competition regulations. I agree to indemnify the Sarina Show Society Inc. against liability to any accident, damage, loss or illness to any exhibit, exhibitor or competitor and agree that all competitions are under the complete and total control of the Sarina Show Society Inc. whose decision in all matters is final.

Office Use Only

| | | | |
|----------------------|----------------------|---------------|----------------------|
| Entry Accepted | <input type="text"/> | Entry Entered | <input type="text"/> |
| Notes: | <input type="text"/> | | |
| <input type="text"/> | | | |