

Payment Details next page.....

Payment by:

 Cheque Cash Direct Online Mastercard Visa

Card Number																	
Expiry Date	____/____		CVV				Amount	\$									
Cardholder Signature						Date	____/____/____										

Bank Details for Online Payment:

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

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

Please forward your entry form to:

Post:

Sarina Show Society
PO Box 119
SARINA QLD 4737

Deliver:

Sarina Show Society
91238 Bruce Highway
SARINA QLD 4737

Phone / Email

Phone: 07 4956 1066
Email: sarina.showsoc@bigpond.com.au

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	_____	Entry Entered	_____
Notes:	_____ _____		