

Section Number

Saturday 3rd August to Sunday 4th August 2024

Please read schedule and regulations for this section

Section Number		9	Sugar Cane Entry Form Applications to enter close: Thursday 1st August 2024								
			Applications to enter close. Thursday 1" Augus	1 2024							
Mr□ Mrs□ Miss □ Ms □		Name:									
Please Tick											
Phone/Mol Email:	bile:										
Email:	Danawinki										
Class No			per line only. more lines are required	Entry Fee:							

Total Entry Fee/s \$

Payment by:	Cash Dir		Dire	ect 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: Sugar Cane 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											ı.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 indemnify the Sar exhibitor or comp Show Society Inc.	ina Show S etitor and	Society Inc. agree that	against li all compe	ability etitio	y to ar ns are	ny acci	dent,	damag	ge, lo	ss or ill	ness t	o any	exhibit,
Office Use Only													
Entry Accepted				Entry Entered									
Notes:													