

Office Us	se ONLY
Receipt No:	
Section No:	

PO Box 812, Booval Q 4304 Email: admin@ipswichshow.com.au PH: 07 3281 1577 ABN: 37-438-074-435 Web: http://www.ipswichshow.com.au FAX: 07 3812 1537

Entries subject to terms and conditions set out in the Society's Rules, By-Laws and Regulations which I understand are available to me on request and by which I agree to be bound whether or not I have read them and I agree that all competitions are under the complete and total control of the IPSWICH SHOW SOCIETY whose decision in all matters is final.

Sect	ion No):	Section Name:	
Class No.	No. of Entries	Steward Use Only:- Exhibit	Description of Entry:	\$
		No.		
(Note:	All Entry F	ees are GS	inclusive) Total Entry F	ee: \$
(Note:				
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Name: Addres Emai (Sho	OWNER s: w Schedu schedule f Tick tl ct of this ex	eles are now for next yea his box to whist and pri	DOB (if Junior) emailed instead of posted – by including your email address you s's Show in advance. Please notify us throughout the year if you receive information, updates and special offers from the seemoney payable please complete the relevant section below to comply as No My ABN is: capacity as an individual, and is made in the course of an activity that is a	u are guaranteed to be sent to change your email address) the Ipswich Show Society. with GST Regulations.

closing date specified in the Schedule.