





**Office Use**  
 Receipt No: .....

ENTRIES CLOSE: Please Refer to Show Schedule

P – 07 3281 157

E – info@ipswichshow.com.au

# YOUNG TALENT

Show Year: 2020

## DUOS, TRIOS & QUARTETS – ENTRY FORM

<b>ENTRIES CAN BE LODGED</b>	<b>ONLINE ENTRIES:</b> <a href="http://www.ipswichshow.com.au/entries">www.ipswichshow.com.au/entries</a>
	<b>POSTAL ENTRIES:</b> Ipswich Show Society PO BOX 812 Booval QLD 4304 <b>Note: Entry Fee Must Accompany Entry Form</b>
	<b>CREDIT CARD:</b> VISA/MASTERCARD (please circle) card holder – via email or post Name of cardholder: _____ Card Number: ____/____/____/____ CVC No: ____ Expiry: ____/____/____ Amount to be deducted: \$_____
	<b>IN PERSON AT SHOW OFFICE:</b> Ipswich Showgrounds, 81 Warwick Road, Ipswich Qld 4305 <b>Office Hours:</b> Mon-Fri 8.30am to 4.30pm

EXHIBITOR NAME: \_\_\_\_\_ Ph: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAME OF DANCE/SPEECH/VOCAL SCHOOL: \_\_\_\_\_

AGE as at 1<sup>ST</sup> January (in this current year): \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

### PHOTO PERMISSION

I, \_\_\_\_\_ do / do not give permission for my child \_\_\_\_\_ to have his/her photo taken and used by the Ipswich Show Society or its sponsors for promotional purposes.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DUO / TRIO / QUARTET COMPETITORS NAMES	AGE GROUP	SECTION	DECIPTION OF PERFORMANCE
_____ _____ _____			
_____ _____ _____			
_____ _____ _____			