



Receipt No:

Section No:

POULTRY / WATERFOWL / PIGEON – ENTRY FORM

ENTRIES CLOSE: Please Refer to Show Schedule **P – 07 3281 1577** **E – info@ipswichshow.com.au**

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

EXHIBITOR NAME: _____ Ph: _____

POSTAL ADDRESS: _____

EMAIL ADDRESS: _____ DOB (if Junior) ____/____/____

PLEASE PROVIDE BANK DETAILS BELOW FOR ANY REFUNDS OR PRIZE MONEY TO BE ISSUED:

NAME OF ACCOUNT HOLDER: _____

BSB: _____ ACCOUNT NUMBER: _____

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.

Class No.	No. of Entries	Steward Use Only: - Exhibit#	Description of Entry:	Fee
				\$
				\$
				\$
				\$
				\$
				\$
Entries are accepted entirely at owner's risk. The Show Society, it's volunteers & agents will not be liable for any loss or damage to exhibits or any property what so ever and however such damage or loss occurs. All responsible care is taken at all times.				TOTAL \$

Declaration by owner or person in charge of animals/s attending:

I, _____ declare that the animals named above has/have been in good health, eating normally and not shown signs of illness during the last 3 days leading up to this event. I give my authorisation for the Event Organising Committee/Manager to call for veterinary inspection of the animals named above and, in my care, should they be showing signs of illness at any time during the course of the event. I agree to pay any veterinary fees incurred for the abovementioned animals as a result of this veterinary examination.

In respect of this exhibit and prize money payable please complete the relevant section below to comply with GST Regulations.

I am registered for GST: Yes No My ABN is: _____

DECLARATION: I hereby declare that the activity that I am engaged in which relates to services by me is a **recreational hobby** undertaken by me. Please accept my above entry to your Society. I agree to indemnify the Ipswich Show Society against liability for any incident, damage, loss or illness to any exhibit, exhibitor or competitor and agree that all competitions are under the complete and total control of the Ipswich Show Society whose decision is final. I have read & understood the Terms & Conditions of Entry.

SIGNED: _____ Date: ____/____/____

*** Please ensure you have filled out a Biosecurity Animal Health Declaration/Movement Record**