APOLLO BAY & DISTRICT AGRICULTURAL SHOW

NOTICE TO EXHIBITOR

THIS SLIP MUST BE PRODUCED WHEN DELIVERING AND COLLECTING YOUR EXHIBITS

Name of Horse and Rider (if applicable)	Group	Class	Office Use Only

PLEASE FILL IN BOTH SIDES OF ENTRY FORM

Please return completed entry form/Tax invoice and retain a copy for your own records, if required.

NOTE:

This ticket does NOT entitle you to free entry to the grounds.

EXHIBITOR……
ADDRESS……
……...

I agree to my personal information being provided to the Royal Agricultural Society of Victoria Limited and the South West Group of Societies for the purpose of administering my entry in the Group and State Finals (where applicable) and for publication where applicable.

TAX INVOICE

I declare the above entries to be my bonafide property and I agree to abide by the Rules and Regulations of the EFA and abide by the disciplinary actions and penalties of the EFA disciplinary committee.

This entry is made subject to the rules and regulations of the Society. Names must be submitted or no nominations will be taken.
Fees must accompany entry.

APOLLO BAY & OTWAY DISTRICT AGRICULTURAL SHOW
A.B.N : 463 299 171 57
P.O.Box 78 Apollo Bay, Victoria, 3233
Telephone: 0468 911 961 Email: abodagshow@gmail.com
Website: www.show.apollobay.org.au

HORSE ENTRY FORM

OFFICE USE
No. of horses……..

Office Use Only	Group	Class	Name of Horse and Rider (if applicable)	Fees	
			A STAMPED SELF ADDRESSED ENVELOPE		
			MUST BE ENCLOSED WITH EACH ENTRY		
				Sub Total	
				Membership	
				Total	

Exhibitors under the age of 18 MUST purchase a prepaid family membership costing $15. 00

MR. / MRS / MISS……
ADDRESS……P/CODE……...…….
TELEPHONE……DATE…….
SIGNATURE…….

Check Appropriate section of The Schedule for Closing Dates.