CAIRNS SHOW ASSOCIATION

Receipt No:_____

PO Box 811
BUNGALOW QLD 4870
Email:
Website:

Ph: (07) 4042 6630
Fax: (07) 4031 3671
entertainment@cairns-show.com
www.cairnsshow.com.au

Carded ☐
Posted ☐
Entered ☐
ABN 14 009 656 222

CAVIES ENTRY FORM 2008

ENTRIES CLOSE 27 JUNE 2008 AT 4.00 PM

SECTION 13

OFFICE USE ONLY	CLASS NO	STUD PREFIX / CAVY NAME	BREED	D.O.B	ENTRY FEE
				TOTAL $	

STATEMENT BY COMPETITOR

It is a condition of entry to Cairns Show Association that all exhibitors must complete a declaration of their taxation status. Tick the appropriate box and record ABN where applicable. I agree that the CSA may issue Recipient Created Tax Invoices in respect to Prize Money. I will notify the CSA if I cease to be registered for GST.

Are you undertaking this activity as a hobby? Yes ☐ No ☐
Is this activity part of a business enterprise? Yes ☐ No ☐
If Yes, do you have an ABN Yes ☐ No ☐
If Yes, what is your ABN __ ___ ___ ___

PLEASE PRINT CLEARLY

Mr Mrs Miss Ms *Please circle*	SURNAME:
FIRST NAME:	DOB: / / *If under 18*
POSTAL ADDRESS:	
SUBURB:	POST CODE:
PHONE:	MOBILE:
EMAIL:	

Please accept my above entries subject to the General Conditions of Entry & Competition and Conditions of Entry of your Association. I agree to indemnify the CAIRNS AGRICULTURAL, PASTORAL AND MINING ASSOCIATION against liability for any accident, damage, loss or illness to any exhibit, exhibitor or competitor and agree that all competitions are under the complete and total control of the CAIRNS AGRICULTURAL, PASTORAL AND MINING ASSOCIATION whose decision in all matters is final

SIGNATURE..... **DATE**.....